S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1952

State File No. 10431

BIRTH NO. 18165 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1943

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTHERAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2219
d. STREET ADDRESS (If rural, give location): 1455 N. 19th.

3. NAME OF DECEASED (Type or Print)
a. (First): KARYLL
b. (Middle): DENISE
c. (Last): PIEL

4. DATE OF DEATH (Month) (Day) (Year): 2 28 52

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: 2-26-52
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 2; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JAMES HAROLD PIEL
13b. MOTHER'S MAIDEN NAME: RUBY GERTRUDE LUCKER
14. NAME OF HUSBAND OR WIFE: MRS RUBY PIEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS RUBY PIEL
ADDRESS: 1455 N 19th.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: Two days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) –
DUE TO (c) –

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None other

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): –
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): –
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): – m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: – 762.0

22. *I hereby certify that I attended the deceased from* 2-26-, *1952, to* 2-28, *1952, that I last saw the deceased alive on* 2-28, *1952, and that death occurred at* 11:50 am., *from the causes and on the date stated above.*

23a. SIGNATURE: Melvin A. Allen (Degree or title) MD
23b. ADDRESS: 3701 Grandel Sq. St. Louis 8, Mo.
23c. DATE SIGNED: 2-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/29/52
24c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cem
24d. LOCATION (City, town, or county) (State): St Louis County Mo.

DATE REC'D BY LOCAL REG.: FEB 29 1952
REGISTRAR'S SIGNATURE: J Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Leidner U. 2223 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by not embalmed, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 Racine Wis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.