. Health
& Welfare
. Public
h Service

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FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38629
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2527

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY St. Louis |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves — Inside Limits Yes X No ☐ | c. CITY OR TOWN Webster Groves 4607 — Inside Limits Yes X No ☐ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #29 Baker Ave. — Length of stay in 1b 50 Yrs. | d. STREET ADDRESS (If outside, give location) #29 Baker Ave. — Reside on Farm Yes ☐ No X |

| 3. NAME OF DECEASED (Type or print) | First | Middle | Last | 4. DATE OF DEATH | Month | Day | Year |
|---|---|---|---|---|---|---|---|
| | MAY | C. | DINIUS | | Oct. | 12 | 1957 |

| 5. SEX | 6. COLOR OR RACE | 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min. |
|---|---|---|---|---|---|---|
| Female | White | | Sep. 1, 1895 | 62 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Grocery Clerk(Retired) | Wiese Co. | St. Louis, Mo. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John Dinius | Anna Wester |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Address |
|---|---|---|---|---|
| No | None | 497-01-0605 | Blanche Dinius | #29 Baker Ave. |

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Carcinomatosis | years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b) | Carcinoma of Breast | years |
| DUE TO (c) | Radical Mamectomy - 1949 170X | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from March 9, 1941 to Oct. 12, 1957 and last saw her/him alive on Oct. 8, 1957
Death occurred at 5:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| Arthur W Weitzel M.D | 204 E. Big Bend | 10-12-57 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | Oct.15,1957 | S/S Peter & Paul Cem. | St. Louis, Mo. |

| 24. FUNERAL DIRECTOR ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|
| Kriegshauser 4228 S.Kingshighway | 10-12-57 | Herbert R Domke, M.D. |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 453

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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