

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18334
State File No. 18334
Registrar's No. 4506

FILED JUN 6 1952

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 3169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4168 OLEATHA		d. STREET ADDRESS (If rural, give location) 16 4168 OLEATHA	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) MOLNAR c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY 14 1952		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 24 1908		9. AGE (In years last birthday) 44		10. MONTHS		11. DAYS		12. HOURS		13. MIN.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR				10b. KIND OF BUSINESS OR INDUSTRY TELEPHONE CO				11. BIRTHPLACE (City and State or Foreign Country) MISSOURI				12. CITIZEN OF WHAT COUNTRY?			
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13a. FATHER'S NAME ANDREW MOLNAR				13b. MOTHER'S MAIDEN NAME BARBARA SCHWARTZ				14. NAME OF HUSBAND, OR WIFE HELENE E. MOLNAR			
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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'S SIGNATURE OR NAME ADDRESS HELEN MOLNAR 4168 OLEATHA			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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.						INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
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22. I hereby certify that I attended the deceased from May 14, 1952, to May 14, 1952, that I last saw the deceased alive on May 14, 1952, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE (Signature) (Degree or title)				23b. ADDRESS 3623 Cleveland		23c. DATE SIGNED 5-14-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 17 1952		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.	
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DATE REC'D BY LOCAL REGISTRY MAY 14 1952		REGISTRAR'S SIGNATURE (Signature)		25. FUNERAL DIRECTOR'S SIGNATURE (Signature) ADDRESS 2906 Gravois			
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MIB (Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James C. Hill.....

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.