b.300
b.48

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

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3521

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0844

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): 33 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FIRMIN DESLOGE HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2239
d. STREET ADDRESS (If rural, give location): 1911 SIDNEY 23

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): THERESA
c. (Last): MOLNAR

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: AUG. 15 ~~1868~~ 1869
9. AGE (In years last birthday): ~~84~~ 83 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country): HUNGARY
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: JOSEPH KRETOVIC
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: JOSEPH MOLNAR (DEC'D)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: HERMAN MOLNAR ADDRESS: AFTON MO

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) Hemorrhage from cerebral artery — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease — Uncertain

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 331X

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* Jan. 22, 19 53, *that I last saw the deceased alive on* Jan. 20, 19 53, *and that death occurred at* 6:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE G. O. Broun (Degree or title) M.D.
23b. ADDRESS G. O. Broun, M.D. 1325 South Grand Blvd.
23c. DATE SIGNED 1/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JAN 26 1953
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS, CO. MO.

DATE REC'D BY LOCAL REG. JAN 24 1953
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutis ADDRESS: 2906 Gravois

G.P. (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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

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

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

State of Missouri
City of St Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 352/
Local Registrar's No. 844

On this 19 day of Feb, 1953, before me appears Herman Molnar, who, upon his oath, states that the original record of ~~birth~~ death for Mary Theresa Molnar ~~born~~ died Jan xx, 1953, in the State of Missouri, and which was filed at St. Louis Mo. on Jan xx, 1953, should be corrected as follows:

Item No. 8 should read Aug. 15, 1869

Instead of Aug 15 1868

Item No. 9 should read age 83

Instead of 84

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Herman Molnar Son
Relationship.

Rt 14 - Box 2261 St Louis Mo
Present Address.

Subscribed and sworn to before me this 19 day of Feb, 1953

My Commission expires Mar. xx 1956 Adele T Bordi Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
8-43
X37817