

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37882**

FILED NOV 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2584**

1. PLACE OF DEATH a. COUNTY <b>St. Louis Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural: Airport Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>1 WK.</b>		d. STREET ADDRESS (If rural, give location) <b>6073 Cates</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH SANATORIUM</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mollie</b> b. (Middle) <b>-</b> c. (Last) <b>BLOTH</b>		4. DATE OF DEATH (Month) <b>10</b> (Day) <b>3</b> (Year) <b>53</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 9, 1886</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>USSR</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Norman Hatter</b>		13b. MOTHER'S MAIDEN NAME <b>Hanna Unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Harry</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harry Bloth Adolphus Hotel</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolus</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): <b>peripheral arteriosclerosis obliterans, arteriosclerotic heart disease.</b>		DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4200</b>	

19a. DATE OF OPERATION <b>July 14, 53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Amyotrophy of leg (arteriosclerosis obliterans, gangrene of foot)</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 26, 1953**, to **October 3, 1953**, that I last saw the deceased alive on **October 2, 1953**, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank U. Stauber, M.D.</b>		23b. ADDRESS <b>462 No. Taylor</b>		23c. DATE SIGNED <b>10/3/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIED</b>		24b. DATE <b>10/5/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed ShelEmeth</b>		24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>10/4/53</b>		REGISTRAR'S SIGNATURE <b>Herbert S. Nonheimo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>		ADDRESS <b>4715 McPherson</b>	
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(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..... *Quirio J. Quindaris*

Licensed Embalmer No. *4829*

P. O. Address.....

**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.