

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44396

FILED DEC 17 1953

State File No.
Registrar's No. **11785**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 11785					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. In Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital				e. STREET ADDRESS (If rural, give location) 3821 S. Kingshighway Bl.									
3. NAME OF DECEASED (Type or Print) a. (First) JESSIE			b. (Middle) I.			c. (Last) MULKEY			4. DATE OF DEATH (Month) (Day) (Year) Dec. 12 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 7, 1900		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Moberly, Mo.			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Frank P. Genthner				13b. MOTHER'S MAIDEN NAME Loretta Bell				14. NAME OF HUSBAND OR WIFE Von Mulkey					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Von Mulkey 3821 S. Kingshighway Bl.							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Missus cerebral Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Embolism to right femoral artery, Rheumatoid arthritis								INTERVAL BETWEEN ONSET AND DEATH 7 2/4 6 w 1 day several years	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 4200							
22. I hereby certify that I attended the deceased from 11/30, 1953 , to 12/12, 1953 , that I last saw the deceased alive on 12/12/53, 19 , and that death occurred at 4:37 P. m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Thomas Parker M.D.						23b. ADDRESS 4660 Maryland St. St. Louis, Mo.			23c. DATE SIGNED 12/14/53				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 15, 1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.						
DATE REC'D BY LOCAL REG. DEC 14 1953		REGISTRAR'S SIGNATURE Carl Smith Mo				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.							

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.....
Signature of Student Embalmer

Signed *Richard W. Stoverson*.....

Licensed Embalmer No. *4007*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.