

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041831

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10141**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 17 1963

VS 300 Rev. 4/59	DATE AMENDED	
1	20/18	
2		
3		
4	1	
5	2	
6		
7	0	
8	2	
9		
10		
11		
12	73-0	
13		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis,		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) St. Anthony Hospital		d. STREET ADDRESS (If outside, give location) 7156 Marwinette Ave.	
3. NAME OF DECEASED First Ida Middle E. Last Molitor			4. DATE OF DEATH Month October Day 10 Year 1963.
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/22/1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Villa Ridge, Missouri, U.S.A.
13a. FATHER'S NAME John Hanneken		13b. MOTHER'S MAIDEN NAME Elizabeth Narup	
14. NAME OF HUSBAND OR WIFE John F. Molitor (Dec'd)		17. INFORMANT Eleanor F. Molitor Address 7156 Marwinette Ave.	
19. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Arteriosclerotic COR Disease (c) and Diabetes Mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I (a) Fracture of Femur			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 260XF	
20c. TIME OF INJURY Hour 8-24-63 Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 8-1-63 to 10-10 and last saw her alive on 10-10-63 Death occurred at 9:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C A Rester MD		22b. ADDRESS 3654 S. Grand	22c. DATE SIGNED 10-11-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 14, 1963	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri.		23e. (State)	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary		ADDRESS 2842 Meramec St. St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. OCT 11 1963
26. REGISTRAR'S SIGNATURE Roal Smith, M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

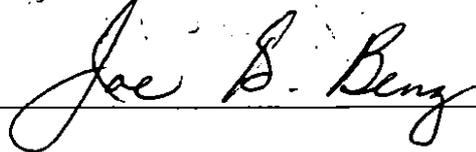
STATEMENT BY LICENSED EMBALMER

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 _____



Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, Mo. (63118)

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.