

S. No. 2  
M-5-42  
7. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35142

State File No. ....

FILED NOV 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9443

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

646

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Hospital # 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5637 Summit Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mollie Athy

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1942 hour 11 minute 31 P.M.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James W. Athy

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 15 1849  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

93	2	26	.....hr. ....min.
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Immediate cause of death..... Duration

Fracture of right femur  
arteriosclerosis, suffered when  
she slipped and fell while  
coming down the outside  
steps at her home on  
11-9-42 about 12:00 noon

Other conditions..... (Include pregnancy within 3 months of death)

9. Birthplace Penn. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business.....

Major findings: 186

Of operations.....

Of autopsy.....

PHYSICIAN..... Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John Klopp

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Athy

(b) Address 5637 Summit Ave.

17. (a) Burial (b) Date thereof 11-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 12 1942 (b) J. F. Biedeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-9-42 000

(c) Where did injury occur? at home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Alfred Perry (M. D. or other)  
Address Dept. 2 Date signed 11/12/42

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert R. Thompson Jr.*

Licensed Embalmer No. ....

4237

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.**