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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38458

Primary Registration District No. 1005

Registrar's No. 10222

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis State Hospital
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3944 Keokuk St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARIE MOLNAR

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 5 (Day) 1881 (Year)

8. AGE: Years 67 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Felix Schoberl
13. Birthplace Hungary (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Hungary (City, town, or county) (State or foreign country)

16. (a) Informant Theresa Heger
(b) Address 3944 Keokuk

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Witt Bros. L. & U. Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) NOV 25 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1948 hour 5.00 minute P M.

21. I hereby certify that I attended the deceased from Jan. 1, 1947, to Nov. 23, 1948, that I last saw her alive on Nov. 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Arteriosclerotic Heart Disease 1944x

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jack R. Ridelman (M. D. or other)
Address 5400 Arsenal St. Date signed 11/24/4

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 374

P. O. Address 292 9th Jefferson

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.