

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28478
7105

FILED AUG 29 1950

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2149		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1921 Forest Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>149 4942a Miami Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Molnar</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 4, 1905</u>		9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____	IF UNDER 6 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Padding</u>		11. BIRTHPLACE (State or foreign country) <u>Budapest, Hungary</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Andrew Molnar</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Schwartz</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Fitzsimmons Molnar</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-05-3000</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Molnar</u>				
				ADDRESS <u>4942a Miami Street</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____					INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
19b. MAJOR FINDINGS OF OPERATION _____		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 <u>H2O.I</u>						
22. I hereby certify that I attended the deceased from <u>Aug. 20, 1950</u> , to <u>Aug. 20, 1950</u> , that I last saw the deceased alive on <u>Did not</u> , 19 <u> </u> , and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>8/21/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		
DATE REC'D BY LOCAL <u>AUG 22 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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Dr. J. J. Flance
901 Beaumont Bldg
3720 Washington

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Richard J. Krispin

Licensed Embalmer No. 3497

P. O. Address St Louis Mo

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.