

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10353

State File No. ....

FILED APR 12 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 2805

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3201 Russell Blvd.		d. STREET ADDRESS (If rural, give location) 3201 Russell Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) Thresa		b. (Middle) G.	
		c. (Last) Morlock	
4. DATE OF DEATH (Month) (Day) (Year) 3/24/52		17	
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 10, 1882
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Patrick Maloney		13b. MOTHER'S MAIDEN NAME Ellen Driscoll	
		14. NAME OF HUSBAND OR WIFE Michael Marlock	
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. no	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Maloney 3201 Russell Blvd.	
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) <i>Arterial accident</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio-sclerosis</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>  <i>5 yrs.</i>	
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? <i>331X</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to <i>3-24-1952</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:30 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Thos M Duns MD</i>		23b. ADDRESS 2424 No. Grand Blvd.	
		23c. DATE SIGNED <i>3/24/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/26/52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAR 25 1952</i> <i>J. Carl Schmitt</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>E. J. Schmur</i> 3125 Lafayette Av.	

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed John B. Kollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lehigh

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.