

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3956

FILED FEB 11 1953

State File No.

318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 0904

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 1293 Oak Court 0			
3. NAME OF DECEASED (Type or Print) Mollie		a. (First)		b. (Middle) Mary		c. (Last) Wilson	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 25, 1877		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Waco, Texas	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Robert F. Hemenway		13b. MOTHER'S MAIDEN NAME Ann McCombs		14. NAME OF HUSBAND OR WIFE Edward C.	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Jessie Blakley, 1293 Oak Court			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease. INTERVAL BETWEEN ONSET AND DEATH 6 mos. ANTECEDENT CAUSES Morbidity 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. Bronchitis - Sub Acute. INTERVAL BETWEEN ONSET AND DEATH 1 wk.					
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X.			
22. I hereby certify that I attended the deceased from Aug 1952 , to Jan 26, 1953 ; that I last saw the deceased alive on Jan 25, 1953 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Alphonse W. Mahm, M.D.				23b. ADDRESS 634 N. Grand Blvd		23c. DATE SIGNED 1-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-26-53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Lees Summit, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 26 1953 J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd					

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.....

Licensed Embalmer No.

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.