

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7798**
Registrar's No. **1341**

FILED FEB 25 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 6 Wks.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 5721 McPherson Ave.	

3. NAME OF DECEASED (Type or Print) Etta Molony		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1953	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Nov. 8, 1885
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist, West Moreland Hotel	
11. BIRTHPLACE (City and State or Foreign Country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Cornelius Molony	13b. MOTHER'S MAIDEN NAME Unknown Unknown	14. NAME OF HUSBAND OR WIFE Mr. C. D. McCollom, 1465 Forest View Drive
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. not known	17. INFORMANT'S SIGNATURE OR NAME Mr. C. D. McCollom, 1465 Forest View Drive

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Lobar Pneumonia, Fracture of left ankle, suffered when struck by auto driven by one Robert Marchant at intersection of Waterman and De Salvo Ave. about 639 am Dec 19 52		MEDICAL CERTIFICATION Kirkwood, Mo. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia, Fracture of left ankle, suffered when struck by auto driven by one Robert Marchant at intersection of Waterman and De Salvo Ave. about 639 am Dec 19 52		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 639 am Dec 19 52	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ooo Accident	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, yard, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 19 52 6:39 am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? F8124

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 4:55A m., from the causes and on the date stated above. 25

23a. SIGNATURE Patrol E Taylor Coroner	23b. ADDRESS 1300 Clear	23c. DATE SIGNED 2-4-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		

DATE REC'D BY LOCAL FEB 4 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	FUNERAL DIRECTOR'S SIGNATURE W. J. Donnelly	ADDRESS 3840 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.