

FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20330

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>600</u>		Registrar's No. <u>1303</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <u>Rural, St. Ferdinand</u>)		c. LENGTH OF STAY (in this place) <u>5 Mo.</u>		c. CITY OR TOWN <u>Normandy</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Halls-Ferry Memorial Home</u>				e. STREET ADDRESS (If rural, give location) <u>7007 Glenmore</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>M.</u> c. (Last) <u>Molinari</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1953</u>								
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb. 28, 1872</u>					
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>2</u>		11. DAYS <u>10</u>		12. IF UNDER 1 YEAR Hours <u>10</u> Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>John Stegemyer</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>David Molinari</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Angeline Anthes</u>			ADDRESS <u>7007 Glenmore</u>			
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) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardio-vascular disease</u> 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 <u>1 week</u> <u>unknown</u>			
19a. DATE OF OPERATION _____			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? _____							
22. I hereby certify that I attended the deceased from <u>Dec 24, 1952</u> to <u>May 8, 1953</u> , that I last saw the deceased alive on <u>May 5, 1953</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Lewis Littmann MD</u> (Degree or title)				23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>5/9/53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY - MO.</u>					
DATE REC'D BY LOCAL REG. <u>5-9-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Domb MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>L. G. Tanner</u> ADDRESS <u>6107 Natural Br.</u>						

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *H. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.