

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10189**
2624
Registrar's No.

FILED MAR 31 1954

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

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

1. PLACE OF DEATH a. COUNTY <u>City.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>2119</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>City of St. Louis,</u>		c. LENGTH OF STAY (in this place) <u>11 mo. 20 days</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Chronic Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>1514 N. Vandeventer Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna - ALLEN -</u> b. (Middle) <u>Kolhage .</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>3- 21-1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White .</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>4/27/1885</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Curtright</u>		13b. MOTHER'S MAIDEN NAME <u>anna Curtright</u>	
14. (1) NAME OF DECEASED <u>Pete Molenhour</u> (2) <u>Ben Allen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>#</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>RICHARD J. MOLENHOUR 4264 ATHLONE AVE</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis with</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4200</u>	
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>5-1</u> - , 19 <u>53</u> , to <u>3-21</u> - , 19 <u>54</u> , that I last saw the deceased alive on <u>3-21</u> - , 1954, and that death occurred at <u>4:15 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James Duane Bowditch M.D.</u>		23b. ADDRESS <u>5800m Arsenal St</u>	23c. DATE SIGNED <u>3-21-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/24/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>MAR 23 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</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 *M. W. Ruster*

Licensed Embalmer No. *48*

P. O. Address *St. 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.