FILED JUL 1 - 1954

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21674

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1294

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1. PLACE OF DEATH Villa Gean
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Ferdinands
c. LENGTH OF STAY (in this place) 1 year, 5 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Villa Gean

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Ferdinand 50
d. STREET ADDRESS (If rural, give location) 11755 Riverview Drive

3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary Bernarda b. (Middle) c. (Last) Molitor

4. DATE OF DEATH (Month) May (Day) 31, (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH June 18, 1876
9. AGE (In years last birthday) 77 — If under 1 year: Months 11, Days 13 — If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching
10b. KIND OF BUSINESS OR INDUSTRY Religious
11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Molitor
13b. MOTHER'S MAIDEN NAME Sophie Weber
14. NAME OF HUSBAND OR WIFE Unmarried

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Sister Mary Loyola — ADDRESS 11755 Riverview Drive St. Louis 5

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis acute — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture Tibia + fibula — 1 month
DUE TO (c) Senility

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 9030
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Resident Home
21c. (CITY, TOWN, OR TOWNSHIP) St. Ferdinand 20 (COUNTY) St. Louis 400 (STATE) Mo.
21d. TIME OF INJURY (Month) April (Day) 24, (Year) 1954 (Hour) 12:15 p
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? attempting to close window in her room when she slipped and fell on her leg.

22. *I hereby certify that I attended the deceased from* Nov 5, 1952, *to* May 31, 1954, *that I last saw the deceased alive on* 5-25, 1954, *and that death occurred at* 5:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE J. H. Weyrich (Degree or title) MD
23b. ADDRESS 8321 N Broadway
23c. DATE SIGNED 6-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 2, 1954
24c. NAME OF CEMETERY OR CREMATORY Villa Gean Cemetery
24d. LOCATION (City, town, or county) 11755 Riverview Drive, St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. 6/4/54
REGISTRAR'S SIGNATURE Herbert R. Somkey
25. FUNERAL DIRECTOR'S SIGNATURE Dendler and Co. 7420 Michigan ADDRESS

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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.