

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1955

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State File No. 30764
Registrar's No. 8142

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		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 town) St. Louis		c. LENGTH OF STAY (If institution) 2 months		c. CITY OR TOWN St. Louis		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 Birth Nursing Home 4517 Forest Park Blvd.				e. STREET ADDRESS (If rural, give location) 4020 Botanical Ave 17				
3. NAME OF DECEASED (Type or Print) a. (First) Mollie b. (Middle) _____ c. (Last) Dolder			4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1955					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb 9 1879		
9. AGE (In years) 76		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Worker			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Building Co			11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME John Dolder		13b. MOTHER'S MAIDEN NAME Caroline Binger		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes Hobbs ADDRESS 4021 Shaw Ave			
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) Cancer of Ovary ANTECEDENT CAUSES DUE TO (b) None DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH 3 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NA		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) NA		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 7/20 1955 to 9/14 1955 that I last saw the deceased alive on 9/14 1955 and that death occurred at 1:45 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Paul C. Halliday				23b. ADDRESS 3902a Lafayette		23c. DATE SIGNED 9/16/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 16 1955		24c. NAME OF CEMETERY OR CREMATORY Old St. Marcus Cemty		24d. LOCATION (City, town, or county) (State) St. Louis Mo		
DATE REC'D BY LOCAL REG. SEP 16 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros ADDRESS 2201 S. Grand Blvd.				

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

3902 Lafayette Ave

Pr. 1-8074

Pr. 11 to 18

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 *Ronald O. Yohuk*

Licensed Embalmer No. 39

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.