

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023633

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FILED JUL 3 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1679

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Afton 23 4820
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in lb DOA	d. STREET ADDRESS (If outside, give location) 9012 Consul Dr.
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM F. MOLTER SR.			4. DATE OF DEATH Month Day Year June 21, 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 19, 1901
9. AGE (In years last birthday) 57		FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lay out Man		10b. KIND OF BUSINESS OR INDUSTRY F Adams Elec. Co	11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm. L Molter	
13b. MOTHER'S MAIDEN NAME Elizabeth Rasp		14. NAME OF HUSBAND OR WIFE Marie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 488 09 3147	17. INFORMANT Address Marie Molter 9012 Consul Dr. Afton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 8 Hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from June 21, 1959 to June 21, 1959 and last saw him alive on June 21, 1959 @ 1 PM Death occurred at 7 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Leo L Bracker MD (Degree or title)		22b. ADDRESS 9 Concord Center Drive, St. Louis	22c. DATE SIGNED 6/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	23d. LOCATION (City, town, or country) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan		25. DATE RECD. BY LOCAL REG. 6-23-59	26. REGISTRAR'S SIGNATURE John C. Murphy, MD

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

W. G. Peterson

Licensed Embalmer No. *3767*

P. O. Address *7420 Michy*

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.