

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033547

FILED VS. SEP 21 1959

2 8187

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4954a Columbia Ave.		d. STREET ADDRESS (If outside, give location) 4954a Columbia Ave.	
3. NAME OF DECEASED (Type or print) First GERTRUDE Middle C. Last MOLLMAN-BARONOVIC		4. DATE OF DEATH Month Sep. Day 2 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-22-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (last birthday) 62
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Louis Maisak		13b. MOTHER'S MAIDEN NAME Christina Krieger	
14. NAME OF HUSBAND OR WIFE George Baronovic		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 498-01-7115		17. INFORMANT George Baronovic 4954a Columbia Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis DUE TO (b) arteriosclerosis DUE TO (c) 420.1			INTERVAL BETWEEN ONSET AND DEATH 3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 5:15 a.m. 5:15 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	
21. I attended the deceased from 1943 to death and last saw her/him alive on April 30, 1959 Death occurred at 5:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm. B. Kounts (Degree or title) M.D.		22b. ADDRESS 4500 Olive St.	
22c. DATE SIGNED 9-3-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Sep. 5, 1959		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Mo.		24. FUNERAL DIRECTOR Kriegshausner 4228 S. Kingshighway	
25. DATE RECD. BY LOCAL REG. SEP 3 1959		26. REGISTRAR'S SIGNATURE Road Smith M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

E. J. McKeever

Licensed Embalmer No. 3024

P. O. Address _____

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.