

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS OCT 23 1959

59-037812

2 9344

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. LOUIS, MO.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b	c. CITY OR TOWN St. Louis.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MASONIC HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5351 DELMAR, AVE. ST. LOUIS, MO		
3. NAME OF DECEASED (Type or print) First Mollie Middle A. Last Levy			4. DATE OF DEATH Month IO. Day I2. Year 59			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH NOV. 6-1867	9. AGE (last birthday) 91 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Waverly, Missouri.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Peter H. Prone		13b. MOTHER'S MAIDEN NAME Eliza Wright Clark		14. NAME OF HUSBAND OR WIFE Henry S.		
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. Nil.	17. INFORMANT Address Masonic Hospital Records, 5351 Delmar, Blvd			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 24 hr.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart						
DUE TO (c) _____ 4200						
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 _____ a.m. _____ p.m.	Month, Day, Year					
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 1956 to 10-12-59 and last saw her 10-11-59 Death occurred at 2:14 PM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Robert A. Hall, M.D.			22b. ADDRESS 5351 Delmar		22c. DATE SIGNED 10-12-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-13-59	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) Clinton, Missouri.		(State)
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.		ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 13 '59	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Oct. 8. 13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton R. Penelice

No. of Licensed Embalmer No. 4283

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.