

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007168

STATE FILE NUMBER

AMENDED FILED VS MAR 7 1961 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 519

STATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY                                    |  |
| b. CITY (If outside of Missouri, give township and county) <b>St. Louis County</b> Length of stay in 1b <b>1 Day</b>   |   | c. CITY OR TOWN <b>St. Louis</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hosp</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>3474 A Grace</b>                    |
| 3. NAME OF DECEASED (Type or print) First <b>MOLLIE</b> Middle <b>B</b> Last <b>LE BOLD</b>  |   |   | 4. DATE OF DEATH Month <b>2</b> Day <b>20</b> Year <b>1961</b>                       |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>9-23-1870</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>  | 9. AGE (last birthday) <b>88</b>   |
| 11. BIRTHPLACE (City and state or country) <b>Cuba Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY <b>USA</b>  |  |
| 13a. FATHER'S NAME <b>Thomas Eldridge</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Nellie Cooper</b>  |  |
| 14. NAME OF HUSBAND OR WIFE <b>Deceased</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give dates of service) <b>None</b>                                     |  |
| 16. SOCIAL SECURITY NO. <b>None</b>  |   | 17. INFORMANT Address <b>Jane Berberich 3474 A Grace</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b><br>DUE TO (b) <b>Cerebral Arteriosclerosis</b><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>                                     |
| 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 <b>1958</b> to <b>present</b> and last saw her <b>live</b> on <b>2-20-61</b>  |   | Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |
| 22a. SIGNATURE (Deed or title) <b>Richard L. Stetzel MD</b>  |   | 22b. ADDRESS <b>634 16. Grand</b>   | 22c. DATE SIGNED <b>2-21-61</b>  |
| 23. BURIAL, CREMATION, or other disposition <b>Resurrection</b>  | 23b. DATE <b>2-23-1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>  | 23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>               |
| 24. FUNERAL DIRECTOR ADDRESS <b>WINGBERMUEHLE</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>2-21-61</b>   | 26. REGISTRAR'S SIGNATURE <b>John B. Mumfley M.D.</b>                                |

3819 S. GRAND - ST. LOUIS, MO, 18

(Licensed Embalmer's Statement on Reverse Side)

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**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 *Gregory O. Ingbermuck*

Licensed Embalmer No. 4611

P. O. Address Albany 1876

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.