

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35222

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Report**)

File No. **10208**

Registered No. **10208**

St. Ward)

2. FULL NAME

(a) Residence. No. **1151 St. Louis** St. **13** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **10** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frank Molina**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 22 1846**

7. AGE YEARS **87** MONTHS **4** DAYS **27** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housework** 131 9⁰⁰ P

(b) General nature of industry, business, or establishment in which employed (or employer) **821**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Mexico**

PARENTS

10. NAME OF FATHER **Brant Molina**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Mexico**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Mexico**

14.

INFORMANT **Dr. St. Louis** (Address) **City St. Louis**

15.

FILED **11** 19 **Mar 6** **St. Louis** REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 16 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 15 1928** to **Dec 16 1928** that I last saw him alive on **Dec 16 1928** and that death occurred, on the date stated above, at **1:30 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Cerebral Hemorrhage
Chronic Myocarditis
Chronic Nephritis**
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

1290
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Clinical**
(Signed) **Edward M. ...**
10/16 1928 (Address) **City St. Louis**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Peter Paul

Dec 18 1928

20. UNDERTAKER

ADDRESS

Wacker Helderle

233 1/2 Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Malina