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.

FEB 27 1934

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

Do not use this space.

2434

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 60831 — Registered No. 25
City Willston (No. 2709 Lyndhurst ave St. Ward)

2. FULL NAME Ray E. Moltz
(a) Residence, No. 2709 Lyndhurst ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Delthine Abell Moltz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 9. 1906

7. AGE: YEARS 27 — MONTHS 5 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Machine Shop
10. Date deceased last worked at this occupation (month and year): Jan 29 1934
11. Total time (years) spent in this occupation: 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centaur, Mo.

FATHER
13. NAME: Fred Moltz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Melrose, Mo.

MOTHER
15. MAIDEN NAME: Daisy Locker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centaur, Mo.

17. INFORMANT (ADDRESS): Delthine Abell Moltz, 2709 Lyndhurst ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Feb 2 1934

19. UNDERTAKER (ADDRESS): Baumann Bros und co inc, 2504 Woodson Rd overland mo

20. FILED: 1-31 1934 H. A. Boehmer, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 30, 1934

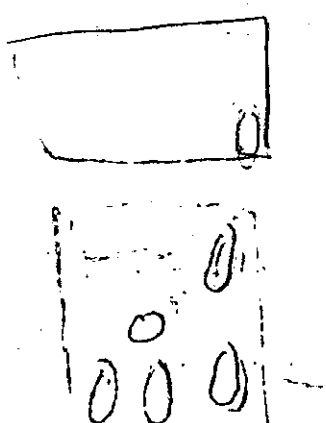
22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1934, to Jan 30, 1934
I last saw him alive on Jan. 30, 1934. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paroxysmal tachycardia + Myocarditis	1930
93B	
151B	
151A	
95	

Other contributory causes of importance: Furunculosis of arm.

93B

Name of operation: None — Date of
What test confirmed diagnosis? Physical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Paul R. Whitener, M. D.
(Address) 2573 Woodson Overland Mo.