

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790 File No. 26360  
 Township Central Primary Registration District No. 6033A Registered No. 224  
 City Clayton, Mo. (No. St. Louis County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Nora Mollie (Mollie) Ross  
 (a) Residence, No. 8428 Tennessee 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1870  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 4 0

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME August Scherer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Eugene Ross  
 (ADDRESS) 8428 Tennessee Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE July 17 1934

19. UNDERTAKER C. Hoffmeister & Co.  
 (ADDRESS) 1786 E. Broadway, Mo.

20. FILED July 16 1934 Rott J. Ambrose  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13 1934, to July 14 1934  
 I last saw her alive on July 14 1934. Death is said to have occurred on the date stated above, at 6:40 a.m.  
 The principal cause of death and related causes of importance were as follows:

Diabetes & Coma Date of onset \_\_\_\_\_

Other contributory causes of importance: Intestinal obstruction

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1934

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) James P. Meador, M. D.

(Address) St. Louis, Mo. Clayton, Mo.

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.

AUG 17 1934

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

*St. Louis*

224

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mollie Ross  
Who died at \_\_\_\_\_ on July 14 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 64 Months 4 Days 0

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Diabetes & Larva 59

Intestinal obstruction ??

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar [Signature] Date filed 9/13/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 790

Very truly yours,  
*E. T. McLaugh M.D.*

Primary Reg. Dist. No. 6033a

Special Agent.

St. Louis County Hospital

Clayton, Mo.

Address all communications to the Superintendent

William C. Patton, M. D.  
Superintendent

Mollie Moss

Patient entered hospital  
in diabetic coma - ~~the~~  
severe abdominal distension,  
which was not relieved  
by enemata -

There was a question of  
intestinal obstruction, but  
no autopsy was performed.

I am not able to state  
whether or not she had  
an intestinal obstruction  
(definitely) - Nor could I give  
more than a probable cause

Sincerely,  
W. C. Patton