

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

Do not use this space.

OCT 23 1935

**791
1003**

30796

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... **St. Louis,** (No. **5208 Finkman Ave.**)..... St..... Ward.....

File No.....
Registered No. **7580**

2. FULL NAME

Alfred O. Molz

(a) Residence, No. **5208 Finkman Ave.** St. **2** Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 **Hazel Molz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 24th, 1893**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	42	4	13	

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. **Jeweler**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **proprietor-retailer**
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 **William Molz**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Wilhelmina Heydt**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Hazel Molz, 5208 Finkman Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Sept. 9th, 35**

19. UNDERTAKER (ADDRESS) **Wm. Schumacher, 3013 Meramec Street**

20. FILED **SEP - 9 1935** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 6th, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **March 12th, 1935, to Sept. 6th, 1935**

I last saw him alive on **Sept. 6th, 1935**. Death is said to have occurred on the date stated above, at **6/30am**

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical Findings**

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) **Frank J. Schwarz**, M. D.
(Address) **5530 Virginia Ave.**

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.

Bales of wool