

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

32933
 Deceased's name.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003 Registered No. 8987
 (c) City St. Louis, Mo. (d) Street No. 1318 Montgomery Street St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1318 Montgomery Street St. 26
 (Usual place of abode, if no street address, write county or city) (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 Della Molitor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24th 1862
 7. AGE YEARS 65 MONTHS 8 DAYS 27 1 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Packer
 9. Industry or business in which work was done, as saw mill, bank, etc. Hardware
 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 Wenzel Molitor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Charlotte Stroop
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Della Molitor
1318 Montgomery Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Sept. 27, 1937

19. FUNERAL DIRECTOR (ADDRESS) Hy. Reider and Co.
1417 N. Market Street.

20. FILED SEP 26 1937 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1937

22. I HEREBY CERTIFY That I attended deceased from Sept 24 37 to Sept 25 1937.
 I last saw him alive on Sept 25 1937. Death is said to have occurred on the date stated above, at 2:15 Am.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
acute on chronic
 Date of onset 9/24/37
 Other contributory causes of importance:
Myocarditis chronic 1/10/37

Name of operation..... Date of.....
 What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) J. D. Peeler, M. D.
 (Address) 2505 NO 15th

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2256

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.)