

APR 8 1938

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

12086
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 111 Registered No. 490
(c) Richmond Hights., Mo. (d) Street No. St. Mary's Hospital 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 Catherine Molloy, 400
(a) Residence, No. 5900 Highland Ave., St. St. Louis, Mo.
(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 Female 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 Martin Molloy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1887.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 I 0

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

FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Gerhard Koch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Dussold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Elizabeth Koch
(ADDRESS) 1484 Hamilton Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Mar. 17/38.

19. FUNERAL DIRECTOR Jos. W. Clark,
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED 3-15 1938 J. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15/38 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10/28, 1937, to 3/15, 1938.
I last saw h. or alive on 3/14, 1938. Death is said to have occurred on the date stated above, at 12.10 M.A.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Breast. Date of onset 50

Other contributory causes of importance
General Metastasis

Name of operation Removal of breast Date of June 1927
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 _____, 19____
Where did injury occur? Home (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) Jos. W. Clark, M. D.
(Address) 1125 Hodiamont Ave.

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

Dr. Pierce Hilley
6125 Bartmer Ave.,
Cabney 5187.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. 1661.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Jos. W. Clark

Licensed Embalmer No. 1661.

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.)