

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19972

Do not use this space.

REC'D JUL 12 1938

791
1008

5111

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis..... (d) Street No. St. Johns 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. moa. ds.

2. PRINT FULL NAME Fred W. Moll

(a) Residence, No. 6475 Moll Place..... St. NR Kellston Mo.
St. Louis County, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Moll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 11 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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

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

FATHER 13. NAME Henry Moll

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

MOTHER 15. MAIDEN NAME Anna Geldemeister

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

17. INFORMANT Mrs. Anna Moll (ADDRESS) 6475 Moll Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE June 6, 1938

19. FUNERAL DIRECTOR Geo. L. Pleitich, Inc. (ADDRESS) 5966 Egerton Ave

20. FILED JUN 4 1938 J. F. Breiler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1938

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:21 p.m.

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

Lobar Pneumonia and Pericarditis with effusion, Internal Hemorrhage into right pleural cavity following stab wound of chest, sustained during an altercation in front of 1391 Hodiament Ave., at the hands of one Louis Debrugh, about 10:00 o'clock P.M., May 21st, 1938.

Other contributory causes of importance: _____

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Homicide Date of injury 5/21/1938

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury..... See Above.
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Joseph M. Quinn, M.D.
 (Address) Joseph Quinn

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

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

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

David C. Gibson

Licensed Embalmer No. 3454

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.)