C 15 1938 REC'D DEC 19 1938

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

40389
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township 1 Primary Registration District No. 115 Registered No. 2048
(c) City University City, (d) Street No. 6505 Corbett Ave. 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 4.20 Samuel S. Molles.
(a) Residence, No. 6505 Corbett Ave. St.
(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: Grace Molles.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 16, 1892.
7. AGE: YEARS 46 MONTHS 1 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Greece. ?

FATHER
13. NAME: Dont know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know. ?

MOTHER
15. MAIDEN NAME: Dont know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know. ?

17. INFORMANT (ADDRESS): Mrs. Grace Molles. 6505 Corbitt Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE Dec. 16, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo. L. Pleitsch Inc. 5966-68 Easton Ave.
20. FILED DEC 15 1938 19 T. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Dec 13, 1938
I last saw him alive on Dec 2, 1938. Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	-?
Other contributory causes of importance: Chronic myocarditis	-?

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

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) John G. McInerney, M. D.
(Address) 5014 Thekla Av.

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454 David C. Gibson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.