JAN 11 1939

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

41279
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 10971
(c) City St. Louis - Mo. (d) Street No. 500 S. Kingshighway 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 Lif yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
St. Louis Ch. Lorene Hosp.

2. PRINT FULL NAME 46 William B Molloy Jr.
(a) Residence, No. 4247 De Soto St. 10
(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: m
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-10-38
7. AGE: YEARS | MONTHS | DAYS: 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Child.
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): St Louis Mo

FATHER
13. NAME: Wm. B. Molloy.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis - Mo.

MOTHER
15. MAIDEN NAME: Norene V. Londerwehr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis - Mo

17. INFORMANT (ADDRESS): M. E. Matthews 500 S. Kingshighway
18. BURIAL, CREMATION OR REMOVAL PLACE: St Peters Cem DATE: 12/21/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Math Hermann & Son 2161 E Fair Ave
20. FILED DEC 21 1938, 19 J. D. Bedick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-20, 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1938, to 12-20, 1938
I last saw him alive on 12-20, 1938 Death is said to have occurred on the date stated above, at 10 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Atelectasis	
Pneumonia Lobar	
Full term	

Other contributory causes of importance: 108

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) R. J. Blattner, M. D.
(Address) 500 So. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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.

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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, ...

....., or by .....,

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

Signed William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

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.)

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