

DEC'D AUG 22 1939

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

25129
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Townships St. Joseph Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 722 Warsaw Ave. Registered No. 848
 (e) Length of residence in city or town where death occurred 60 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? 80 yrs. - mos. - ds.

2. PRINT FULL NAME Anna Mollus
 (a) Residence, No. 722 Warsaw Ave. St. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Mollus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>6</u>	<u>3</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) West Prussia (STATE OR COUNTRY) Germany

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Albert Mollus (ADDRESS) 722 Warsaw Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE August 19, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Aug. 17, 1939 H. J. Neutlebach Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from See in 1938, to Aug 16, 1939
 I last saw her alive on Aug 10, 1939. Death is said to have occurred on the date stated above, at 2:05 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 12/12/8
arteriosclerosis
degenerative

Other contributory causes of importance:
None

Name of operation None Date of: no
 What test confirmed diagnosis: None 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? _____ (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) Frank Van Buren M. D.
not performed

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

Signed..... *Albert C. Harrington*
Licensed Embalmer No..... 3258.....
P. O. Address..... St. Joseph, 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.