

173 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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27932**  
Registrar's No. **7432**

Registration District No. **791**  
**1003** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Fred Molkenbur 425

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 19th, 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>0</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Tailor

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harry Molkenbur

(b) Address 3916 North 80th Street

17. (a) Burial (b) Date thereof Aug. 30th, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cem.

18. (a) Signature of funeral director Hy Rindner M.D. Co.

(b) Address 1417 N. Market Street.

19. (a) AUG 29 1939  
(Date received local registrar)

(b) Signature J. F. Brudvik  
(Licensed Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis, **26**  
(If outside city or town limits, write "RURAL")

(d) Street No. 1217 St. Louis Ave.,  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27, year 1939 hour 2:10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from August 20, 1939 to August 27, 1939 that I last saw him alive on August 27, and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, General.

Duration \_\_\_\_\_

Due to rupture of antidiaphragmatic abscess

Due to perforated duodenal ulcer.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Above

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify \_\_\_\_\_)

(b) Date of occurrence \_\_\_\_\_

23. (a) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) Means of injury \_\_\_\_\_

23. Signature H. Dowling (M. D. or other) \_\_\_\_\_

Address City Hospital #1, Date 8/27/39

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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.....

*Homer L. Pondley*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

**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.**