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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41089**
Registrar's No. **10860**

Registration District No. **791**

Primary Registration District No. **1003**

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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)
In this community _____
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Geyer Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Baby Molner

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 29, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 20 hr. 30 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOOTHER FATHER { 12. Name Joseph Molner
13. Birthplace St. Louis Missouri
(State or foreign country)
14. Maiden name Alice Kargus
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Molner
(b) Address 7105 Geyer Avenue

17. (a) Burial (b) Date thereof Dec. 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Pater & Paul Cem.

18. (a) Signature of funeral director: Wm J. Robert L. + U. G.

(b) Address 1905 So. Grand Blvd.

19. (a) DEC 31 1940 (b) J. W. Bredeski
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30,
year 1940 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 29, 1940 to December 30, 1940
that I last saw him alive on December 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Atelectasis neonatorum

Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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 _____
(c) 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) (e) Means of injury _____
23. Signature Henry P. Latuda (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 12/30/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Not embalmed

.....
Licensed Embalmer No.

P. O. Address.....

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.