

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
305 Filmore St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL"),
(d) Street No. **305 Filmore**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **29**
year **1941** hour **11** minute **30 P. M.**

21. I hereby certify that I attended the deceased from
Jan 7, 19**41**, to **Jan 29**, 19**41**;
that I last saw him alive on **Jan 29**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Typhoid**
Duration **4 years**

Due to **Post-influenza pneumonia**
Due to

Other conditions **Exacerbation of chronic pulmonary disease**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**
PHYSICIAN **930**
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 **1/29/41**
(c) Where did injury occur? **St. Louis, Mo.**
(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 **Fred S. Penning** (M. D. or other) **MD**
Address **7602 So. Broadway** Date signed **1/30/41**

3. (a) PRINT FULL NAME **Lora E. Molter**

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

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

6. (b) Name of husband or wife **William Molter** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **June 20, 1903**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	8	9	hr. min.

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

10. Usual occupation **House wife**

11. Industry or business **At Home**

12. Name **William Wirt**

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

14. Maiden name **Minnie Grindstaff**

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

16. (a) Informant **William Molter**

(b) Address **305 Filmore**

17. (a) **Burial** (b) Date thereof **2-1-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S. S. Peter & Paul**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 Grand Blvd**

19. (a) **JAN 30 1941** (b) **J. H. Bredek**
(Date received local registrar) (Registrar's signature)

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

Dr. Carrings
7602 Broadway
2-4 P.M.
R.V. 1012

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
Raymond Hoemann, Registered Apprentice No. 275
working under my personal supervision.

Signed Virgil L. Berryman
Licensed Embalmer No. 74018
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, fact should be so stated above.