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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23317
State File No. **5669**
Registrar's No. _____

Registration District No. **751**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Christian Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0** (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **FRED L. MOLL**

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 **Married**

6. (b) Name of husband or wife **Mamie Moll** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **Feb. 18, 1889**
(Month) (Day) (Year)

8. AGE: Years **52** Months **4** Days **15** If less than one day hr. _____ min.

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

10. Usual occupation **Merchant**

11. Industry or business _____

12. Name **Gustav Moll**

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

14. Maiden name **Anna Lemke**

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

16. (a) Informant **Mamie Moll**
(b) Address **5828 Helen Ave.**

17. (a) **Burial** (b) Date thereof **July 7-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **J. M. C. Maydell**
(b) Address **1926 Allen Ave.**

19. (a) **JUL 9 1941** (b) **J. H. Brudwick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
WEST WALNUT MANOR
(If outside city or town limits, write "RURAL")
(d) Street No. **5828 Helen Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **1** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3rd** year **1941** hour **11** minute **30** M.

21. I hereby certify that I attended the deceased from **July 2nd**, 1941, to **July 3rd**, 1941; that I last saw him alive on **July 2nd**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery thrombosis** Duration **1 day**

Due to **Chc. myocarditis** **1 yr.**

Due to **Strangulated Abd. Hernia** **1 day**

Other conditions **Strangulated Abd. Hernia**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **same as above**

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

(a) Accident, suicide, or homicide (specify) **none**

(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 **H. J. Stein** (M. D. or other) **M.D.**
Address **6807 W. Louisiana** Date signed **7/8/41**

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

MOTHER FATHER

5669
5669

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.....

Benj. C. Duncan

Licensed Embalmer No.....

2272

P. O. Address.....

1926 Allen

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.