

Registration District No. 1-31

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital. 0
(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)

3. (a) PRINT FULL NAME Fred. W. Mollencott

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-12-4652

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Rose Mollencott 6. (c) Age of husband or wife if alive 56 years 28th, 1885
7. Birth date of deceased July (Month) 28th, (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Taveran

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Mollencott

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

14. Maiden name Unknown

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

16. (a) Informant Rose Mollencott

(b) Address 6974 Hillsland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23, 1942. (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director: Ziegenhain Bros.

(b) Address 6409 Gravois Ave.

19. (a) APR 22 1942 (Date received local registrar) (b) J. J. Budzek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town Saint Louis, 3 13 (If outside city or town limits, write "RURAL")
(d) Street No. 6974 Hillsland Ave. 9 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st, year 1942. hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from 4-28, 1942, to 4-20, 1942.
that I last saw him alive on 4-20, 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic Myocarditis</u>	<u>1-yr</u>
Due to <u>Mitral insufficiency</u>	<u>20-yr</u>
Due to <u>Rheumatic fever</u>	<u>-</u>
Other conditions <u>Chronic Nephritis</u>	<u>?</u>
(Include pregnancy within 3 months of death)	

Major findings: Of operations 1/2/1 Of autopsy 1/2/1 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) (c) Means of injury 0
23. Signature Dr. J. J. Budzek (M. D. or other) 4/27/42
Address Mo 1249 Date signed _____

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 *V E Morris*

Licensed Embalmer No. 3360

P. O. Address 6409 Gravois

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.