

FILED AUG 3 1942

Registration District No. 101

Primary Registration District No. 101

Registrar's No. 1588

1. PLACE OF DEATH

(a) County St. Louis  
 (b) City or town Clayton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis County Hospital  
 (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 Mo. (b) County 000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL") 17  
 (d) Street No. 5601 Murdoch Ave.  
 (If rural, give location) ?  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Linus J. Molitor  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 497-18-6505

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th  
 year 1942 hour 8:30 minute P.M. M.

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. Sept. 20th 1921  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....  
 that I last saw h..... alive on..... 19.....  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
20 10 4 hr. min.

Immediate cause of death..... Duration  
Lost control of his auto while  
operating on a public h'way

9. Birthplace St. Paul Mo.  
 (City, town, or county) (State or foreign country)

Due to Intracranial and subarachnoid  
hemorrhages

10. Usual occupation Screw Machine Operator

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

11. Industry or business Mc Quay Morris

Major findings:  
 Of operations.....  
 Of autopsy yes

MOTHER FATHER { 12. Name William J. Molitor  
 13. Birthplace St. Paul Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Irene Mueller  
 15. Birthplace St. Paul Mo.  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) ACCD. 11?  
 (b) Date of occurrence 7-24-42  
 (c) Where did injury occur? Clayton & Kears Milk Rd.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

16. (a) Informant William J. Molitor  
 (b) Address 5601 Murdoch Ave.

17. (a) Burial (b) Date thereof 7-27-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary  
 (b) Address 4228-So. Kingshighway Blvd.

23. Signature Linus J. Molitor (M.D. or other)  
 Address Kingshighway Date signed 7/29/42

19. (a) JUL 25 1942 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

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

302

PHYSICIAN  
Underline the cause to which death should be charged statistically.

DEC 9 1942

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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

*Frederick A. Lehman*

Licensed Embalmer No. 3395

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, fact should be so stated above.