

FILED NOV 29 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9969

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Cityn Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
50 years (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4627 Carter Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Ernst Molkenbur

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 11th.  
year 1943 hour 3:30 AM/PM AM minute 30

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife..... late Anna Molkenbur

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

7. Birth date of deceased..... Feb. 24 1859  
(Month) (Day) (Year)

Immediate cause of death Fracture Right Hip. Arteriosclerosis, suffered when deceased slipped and fell due to the floor at his home, 4627 Carter Ave. Oct. 11, 1943 about 13.30 pm.

Duration.....

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>17</u>	..... hr. .... min.

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

10. Usual occupation..... Retired cigar maker

11. Industry or business.....

MOTHER FATHER { 12. Name William Molkenbur

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

14. Maiden name..... Unknown

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

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

Major findings:  
Of operations.....

Of autopsy.....

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

16. (a) Informant Jos. F. de Masy

(b) Address 4627 Carter Ave.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 11-15-43  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Zion's Cemetery

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

(a) Accident, suicide, or homicide (specify)..... Accident

(b) Date of occurrence..... Oct 11 1943

(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?  
Home

While at work?..... no (Specify type of place)

(e) Means of injury..... fall

23. Signature..... Thomas F. Callahan  
(Name of Registrar or other)

Address..... Deputy Coroner 175-43  
(Name and address)

18. (a) Signature of funeral director..... Hy. Leidner U. Co.

(b) Address..... 2223 St. Louis Ave.

19. (a) NOV 15 1943  
(Date received local registrar)

J. F. Brueck  
(Registrar's signature)

**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

**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.**