S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4400

FILED FEB 7 1944

Registration District No. 3077 — Primary Registration District No. 3063 — Registrar's No. 256

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 9 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6417 Wells Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Norma Moll
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frederick Moll
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased December 29, 1879 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	1		hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Earnest Froeckmann
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Wilehemina
15. Birthplace Cincinnatti (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mr. Fred Moll.
(b) Address 6417 Wells Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-1944. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) FEB 1 - 1944 (Date received local registrar) (b) E. B. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-28-44 day year hour 8:45 minute P. M.
21. I hereby certify that I attended the deceased from 1-19-44, 19__, to 1-28-44, 19__; that I last saw her alive on 1-28-44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Large Umbilical Hernia
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Hodson Coodman (M. D. or other) M.D.
Address St. Louis County Hosp. Date signed 1-31-44.

(Licensed Embalmer's Statement on Reverse Side)

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 Ben Hoffman

Licensed Embalmer No. 4366

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.