

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36219

State File No. ....

FILED NOV 30 1944  
318

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 9828

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town St Louis  
(c) Name of hospital or institution Deaconess Hospital  
(d) Length of stay: In hospital or institution 3 da  
In this community 0 years, months or days

3. (a) PRINT FULL NAME Helen Molen  
3. (b) If veteran, name war. Molen Molen  
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 Winfield Molen  
6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased August 21 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 29 2 28 hr. min.

9. Birthplace Franklin County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Hugo Roling  
13. Birthplace Franklin County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Alvina Hazelbecker  
15. Birthplace Warrenton Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Winfield Molen  
(b) Address 5463 Delmar

17. (a) Removal (b) Date thereof 11-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Kansas  
Hackman - Baue Funeral

18. (a) Signature of funeral director St Charles Mo  
(b) Address

19. (a) (Date received local registrar) NOV 20 1944  
(b) Registrar's signature J. F. Bredeck

2. USUAL RESIDENCE OF DECEASED:  
Missouri  
(a) State Missouri (b) County St Louis  
(c) City or town St Louis  
(d) Street No. 5463 Delmar  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 19  
year 1944 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from NOV. 8, 1944, to Nov. 19, 1944.  
er alive on Nov 19, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of ovary.  
Carcinoma of Ovary  
Due to Complicated by pregnancy  
Complicated by Pregnancy at  
Due to H9  
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Large necrotic  
Carcinoma of Rt ovary.  
of autopsy Large Necrotic Carcinoma  
of Rt Ovary

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Henry J. Ring  
Address 634 70 Strand  
Date signed 11-20-44

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

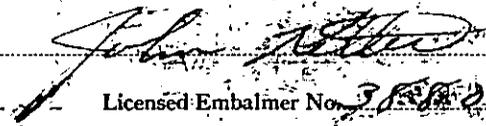
MOTHER FATHER

JAN 18 1955

**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.....



Licensed Embalmer No. 3882

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.**