V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10666

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 587

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2308-Walton Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2308-Walton Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daisy M. Molz
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Fred W
6. (c) Age of husband or wife if alive D years
7. Birth date of deceased Oct (Month) 27 (Day) 1877 (Year)

8. AGE: Years 67 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Fox Creek (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Robert Locker
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Lucy Pugh
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant Olive Grumke
(b) Address 2308-Walton Rd-Overland, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland
19. (a) MAR 3 1945 (Date received local registrar) (b) E. G. McGAVRAN M.D. M.P.H. (Registrar's signature) E. G. McGavran, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1945 hour 12 minute 50 P M.
21. I hereby certify that I attended the deceased from Aug. 27, 1944 to Feb. 27, 1945 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral appalexy	
Due to Arteriosclerosis	2 yrs.
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy — 8301

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 J. R. Finley M.D. (M. D. or other)
Address 9321 Midland Date signed 3-2-45

(Licensed Embalmer Statement on Reverse Side)

APR 5 1945

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.