S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1945

Registration District No. .....

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17948

Primary Registration District No. 6051

Registrar's No. 73

1. PLACE OF DEATH:
(a) County ST. CHARLES
(b) City or town ST. CHARLES, RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 YRS 8 MOS. 11 DAYS (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State INDIANA (b) County 999
(c) City or town EVANSVILLE RURAL 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO. 19 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME LILLIE MOLLENKAMP
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE 1
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 APRIL (Month) 8 (Day) 1888 (Year)

8. AGE: Years 57 Months 1 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace HOLLAND (City, town, or county) INDIANA 1 (State or foreign country)
10. Usual occupation NONE
11. Industry or business .....
FATHER
12. Name UNKNOWN
13. Birthplace " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace " (City, town, or county) 9 (State or foreign country)
16. (a) Informant Theophil Stoerker
(b) Address ST. CHARLES, MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 31, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation EVANSVILLE, INDIANA
18. (a) Signature of funeral director Hackmann-Bane
(b) Address 326 N. 6th St. St Charles Mo
19. (a) May 31, 1945 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30 year 1945 hour 8 minute 15 P. M.
21. I hereby certify that I attended the deceased from May 7th, 1945 to May 30th, 1945 that I last saw her alive on May 30th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion.
Due to Gen Arteriosclerosis.
Due to .....
Other conditions Epilepsy.
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
✓
Of autopsy .....

Duration

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 A P Eric Schmidt (M. D. or other)
Address St Charles Mo Date signed 5/31/45

(Licensed Embalmer's Statement on Reverse Side)

1340

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-12-45

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 Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address W. Charles Me

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.