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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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1945

State File No. 29264

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8162

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:
7111 Minnespta
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 060
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7111 Minnesota 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oscar Moll

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 10 (Day) 1873 (Year)

8. AGE: Years 72 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Charles Moll
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Reddick
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Moll
(b) Address 7111 Minnespta

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave

19. (a) SEP 19 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 17 Year 1945 hour 11.40 minute A. M.

21. I hereby certify that I attended the deceased from June 27, 1945 to September 17 1945 that I last saw him alive on Sept. 17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	10 day
Due to Arterio-Sclerosis	6 mos
Due to	
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.

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. N. Peters (M. D. or other) M. D.
Address 4145 a S. Grand Date signed 9/19

(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 George N. Archambault, Registered Apprentice No. XXXXXX working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan 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.