S. No. 2
A—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 32826

Registrar's No. 9502

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: St. Louis Childrens Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ Months (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4247 DeSoto Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virginia Dorothy Molloy
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
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 December 10, 1944 (Month) (Day) (Year)
8. AGE: Years 2 Months 9 Days 19 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Child
11. Industry or business
MOTHER FATHER
12. Name William B. Molloy
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name Marie Landwehr
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant William B. Molloy
(b) Address 4247 DeSoto Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave
19. (a) SEP 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 29 year 1947 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from 6-17, 1947, to 9-29, 1947; that I last saw her alive on 9-29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fibro cystic disease of the pancreas	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Gilbert B. Forbes (M. D. or other)
Address Childrens Hospital Date signed 9/29/47

Jefferson City Printing Co.

(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 Wilford B. Burnley

Licensed Embalmer No. 4267

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.