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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17851
Registrar's No. 4528

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County: STEPHENS
(b) City or town: ST. LOUIS
(c) Name of hospital or institution: Christian Hospital
(d) Length of stay: 2 mo
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Charles 92
(c) City or town: New Melle
(d) Street No: N.R.
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Annette Mollering
(b) If veteran, name war: (c) Social Security No:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May day: 12
year: 1948 hour: 5:30 minute: P.M.

4. Sex: Female Color or race: white
6. (a) Single, widowed, married, divorced: Wid 2
(b) Name of husband or wife: Frank
(c) Age of husband or wife if alive: years
7. Birth date of deceased: 7-31-1872 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from: March 6, 1948 to: 12 May 1948
that I last saw her alive on: 12 May 1948 and that death occurred on the date and hour stated above.

8. AGE: Years: 75 Months: 7 Days: 9 If less than one day: 12 hr. min.

Immediate cause of death: Heart Failure

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

Due to: Myocardial Cardiac vascular disease
Due to: Renal Failure

10. Usual occupation: Housework

Other conditions: (Include pregnancy within 3 months of death) 1/21

11. Industry or business:

MOTHER FATHER { 12. Name: No Record
13. Birthplace: Warren Co 2 ee 1
14. Maiden name: Carolyn Knopfle
15. Birthplace: Warren Co 2 ee 1

Major findings: Of operations: Of autopsy: Heart Disease Granular Kidney

16. (a) Informant: Antoinette Oberhelman
(b) Address: 3821 No Broadway

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?

17. (a) Burial (b) Date thereof: 5-15-48
(c) Place: burial or cremation: New Melle mo

18. (a) Signature of funeral director: J. F. Braseck
(b) Address: Wentzville mo
19. (a) Date received local registrar: MAY 15 1948 (b) Registrar's signature: J. F. Braseck

23. Signature: J. F. Braseck (M. D. or other) M.D.
Address: 400 W. E. Branson Date signed: 12 May 1948

1948

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.....

Howard Oscar Kessler....., Registered Apprentice No. *201*
working under my personal supervision.

Signed *Morris Maschany*

Licensed Embalmer No. *2461*

P. O. Address *Wentzville*

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.