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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

Registrar's No. 9296

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

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7448 Maple Ave.
(If rural, give location)

N.R.

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bertha Moll

3. (b) If veteran, name war ------

3. (c) Social Security No. -----

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Andrew Moll

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased December (Month) 20, (Day) 1875 (Year)

8. AGE: Years 72 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business Household

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

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

16. (a) Informant Mr. Andrew Moll
(b) Address 7448 Maple Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.
(b) Address 1936 St. Louis Ave.

19. (a) OCT 27 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26 year 1948 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10-12-, 1948 to 10-26-, 1948 that I last saw her alive on 10-25-, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Ovary - infected & necrotic

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings: Of operation Massive gangrenous cystic sarcoma of ovary.
Of autopsy Micros exam. sarcoma.

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 Charles Sherwin (M. D. or other)

Address 3756 Washington Date signed 10/27/48

(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 Neal L. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis 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.