.S. No. 300
Rev. 10.48

FILED MAY 5 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3615

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3649 Alberta

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 3649 Alberta

**3. NAME OF DECEASED** (Type or Print)
a. (First): ANNA
b. (Middle): —
c. (Last): MOLL

**4. DATE OF DEATH** (Month) (Day) (Year): APRIL 20 1949

**5. SEX**: Female
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOW 2
**8. DATE OF BIRTH**: AUG. 10, 1884
**9. AGE** (In years last birthday): ~~65~~ — If under 1 year: Months 8, Days 10 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
**10b. KIND OF BUSINESS OR INDUSTRY**: POPE ST. PIUS V
**11. BIRTHPLACE** (State or foreign country): MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: HENRY MUELLER
**13b. MOTHER'S MAIDEN NAME**: ANNA SOMMER
**14. NAME OF HUSBAND OR WIFE**: RICHARD A. MOLL

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: LORETTA SERTL
**ADDRESS**: 3649 ALBERTA

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Essential Hypertension — 6 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: none

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**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**: none
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): no
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): —
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): —
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.: —
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: —

22. *I hereby certify that I attended the deceased from* Oct. 15, 1948, *to* 4-20, 1949, *that I last saw the deceased alive on* 4-20, 1949, *and that death occurred at* 9:40 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John D. Sertl M.D.
**23b. ADDRESS**: 2840 California
**23c. DATE SIGNED**: 4-21-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: APRIL 23 1949
**24c. NAME OF CEMETERY OR CREMATORY**: S.S. PETER & PAUL
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS MO

**DATE REC'D BY LOCAL REG.**: APR 22 1949
**REGISTRAR'S SIGNATURE**: J Sabatino
**25. FUNERAL DIRECTOR'S SIGNATURE**: Thomas Kutis
**ADDRESS**: 2906 Gravois

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

Signed _____
Student Embalmer

**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.

State of ..... } ss.
County of ..... }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 14003
Local Registrar's No. 365

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for ....nna Moll ..... ~~born~~ died 4-20-1949 ....., 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read august 10-1884
Instead of 1883

Item No. 9 should read age 64
Instead of 65

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant George F. Cline Son
Relationship.

2906 Gravois
Present Address.

Subscribed and sworn to before me this 18 day of May, 1949.

My Commission expires 3-4-53 Earl Parker Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n.V. S. 135
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