

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42641

State File No. _____

BIRTH NO. _____

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **11059**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 hrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				16. STREET ADDRESS (If rural, give location) 3761 Keokuk Street 2169					
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Molt			4. DATE OF DEATH Dec. 2, 1954						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 13, 1887		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Frigidaire Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME August Molt			13b. MOTHER'S MAIDEN NAME Rosa Gutmann		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Norman Schmoeller- 1004 Glenmoor						
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) <i>Cortic stenosis</i> ANTECEDENT CAUSES <i>due to (?) Rheumatic</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Carditis, inactive.</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>Years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>411X</i>					
22. I hereby certify that I attended the deceased from <i>Dec. 10, 1954</i> , to <i>Dec. 2, 1954</i> , that I last saw the deceased alive on <i>Dec. 2, 1954</i> , and that death occurred at <i>4:30 P.</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) <i>Erville Eck</i>				23b. ADDRESS <i>508 N. Grand</i>		23c. DATE SIGNED <i>Dec 4, 54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 6, 1954	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. DEC 4 1954		REGISTRAR'S SIGNATURE <i>Carl Smith Md</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker - Hellerle</i>		ADDRESS 3634 Gravois Ave			

(Licensed Embalmer's Statement on Reverse Side)

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

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..

Student.....
Signature of Student Embalmer

Signed *Robert Wheeler*.....

Licensed Embalmer No. *2128*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.