

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29496

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1928

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u> |  | c. CITY OR TOWN <u>St. Johns</u> <u>4211</u>  |  |
| c. LENGTH OF STAY (in this place) <u>8 Days</u>  |  | 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 <u>Normandy Osteo. Hospital</u>                      |  | e. STREET ADDRESS (If rural, give location) <u>8742 Mavis Place</u>   |  |

|                                     |                        |                       |                        |  |
|-------------------------------------|------------------------|-----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Anna</u> | b. (Middle) <u>M.</u> | c. (Last) <u>Moll,</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 11 1956</u> |
|-------------------------------------|------------------------|-----------------------|------------------------|--|

|                      |                               |   |                                      |   |                        |                        |                      |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|------------------------|----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 14 1868</u> | 9. AGE (In years last birthday) <u>88</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|------------------------|----------------------|

|  |  |  |  |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|--|--|--|

|                                   |  |  |
|-----------------------------------|--|--|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>The Late Henry Moll</u> |
|-----------------------------------|--|--|

|   |                                     |  |
|---|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura Carter 8742 Mavis Place</u> |
|---|-------------------------------------|--|

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|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>  |  | <u>2 hrs.</u>                    |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Saddle Thrombosis (Aor. T. c.)</u><br>DUE TO (c) <u>Generalized Arterio Sclerosis</u> |  | <u>30 hrs</u>                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <u>4 yrs</u>                     |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) <u>4500</u> |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from Aug 6, 1956 to Aug 11, 1956, that I last saw the deceased alive on Aug 11, 1956, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

|  |   |                                 |
|--|---|---------------------------------|
| 23a. SIGNATURE <u>William D. McEwan Jr. M.D.</u> (Degree or title) | 23b. ADDRESS <u>3301 Ashby Rd St. Louis</u> | 23c. DATE SIGNED <u>8/11/56</u> |
|--|---|---------------------------------|

|   |                               |   |  |
|---|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug 14, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
|---|-------------------------------|---|--|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>8-11-56</u> | REGISTRAR'S SIGNATURE <u>Herbert B. Romberg</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Collier Mortuary 10123 St. Charles Rd</u> |
|---|---|---|

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 Sheldon Collier.....

Licensed Embalmer No. 338.....

P. O. Address 10123 St. E.....

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.