

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

State File No. **32271**
Registrar's No. **8141**

BIRTH NO. **49452-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|--|--|--|--------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY OR TOWN ST. LOUIS | | a. STATE MISSOURI | b. COUNTY AUDRAIN |
| c. CITY OR TOWN MEXICO | | d. 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 ST. LOUIS CHILDREN'S HOSPITAL | | e. STREET ADDRESS (If rural, give location) 835 No. KENTUCKY | |

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|-------------------------------------|-------------------------|----------------------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) LAURA | b. (Middle) JO ANNE | c. (Last) MOLLET | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | 9-2-56 |

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|----------------------|-------------------------------|--|---------------------------------|---------------------------------|-----------------|------------------|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 8-31-56 | 9. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| | | | | 2 | Days | Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (City and State or Foreign Country) MEXICO, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME ELMER L. MOLLET | 13b. MOTHER'S MAIDEN NAME JEAN SCHWARTZ | 14. NAME OF HUSBAND OR WIFE NONE |
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| 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. NONE | 17. INFORMANT'S SIGNATURE OR NAME B. Britton | ADDRESS 500 So. KINGS HIGHWAY |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease (Intra-atrial septal defect) | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Patent ductus arteriosus | | |
| DUE TO (c) Polycystic Left Kidney | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Imperforate Anus (Repaired) | |

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| 19a. DATE OF OPERATION 1 Sept. 1956 | 19b. MAJOR FINDINGS OF OPERATION Imperforate Anus | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
| | | 754.3 |

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **8-31-56**, 19___, to **9-2-56**, 19___, that I last saw the deceased alive on **9-2-56**, 19___, and that death occurred at **3:45 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE John C. Herweg | (Degree or title) M.D. | 23b. ADDRESS Childrens Hospital | 23c. DATE SIGNED 9-3-56 |
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| 24a. BURIAL CREMATION REMOVAL (Specify) BURIAL | 24b. DATE 9-3-56 | 24c. NAME OF CEMETERY OR CREMATORY E. LAWN MEM. PARK | 24d. LOCATION (City, town, or county) (State) MEXICO MO |
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| DATE REC'D BY LOCAL REG. SEP 4 1956 | REGISTRAR'S SIGNATURE Paul Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Arnold H. ... | ADDRESS Home Medicine ... |
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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 

Licensed Embalmer No. 3564

P. O. Address *Mexico*

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.