1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34571

1. PLACE OF DEATH
County: St. Louis — Registration District No.: 179
Township: Central — Primary Registration District No.: 6033
City: (No. 6475, Moll Pl. St., Ward)

File No.:
Registered No.: 279

2. FULL NAME: Henry Moll
(a) Residence. No. 6475 Moll Pl. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Moll.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 15-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	62	6	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Henry Moll
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Margaret Schneider
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Mrs. Anna Moll
(Address) 6475 Moll Pl.

15. FILED 11/4, 1927 Rolla Bracy M.D., REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1927, to Nov 2, 1927, that I last saw h... alive on Nov 2, 1927, and that death occurred, on the date stated above, at 1.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute gastritis 1 5 P
1 6 B 1 1 8 0
(duration) yrs. mos. ds. 1
CONTRIBUTORY (SECONDARY): Alcohol 1 yr
(duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Test
(Signed) Rolla Bracy, M.D.
11/3, 1927. (Address) 6120 Easton ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem. — DATE OF BURIAL: 11-5 1927
20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8 to 9 am 1-2 -7 (8 Pm