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

Do not use this space.

8781

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. ..... F

Township ..... Primary Registration District No. 1002 ..... Registered No. 2455

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME Mrs Susan Moll

(a) Residence. No. 2251 A St. Jefferson Ave 23 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Daniel Moll

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	11	9	

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

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9. BIRTHPLACE (CITY OR TOWN) Perryville
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Anton Schwarz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Barbara Suda

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Oscar Moll
(Address) 2251 A. So Jefferson Ave

15. FILED FEB 23 1929 Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1929 to Feb 21, 1929 that I last saw her alive on Feb 21, 1929 and that death occurred, on the date stated above, at 6:40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myo. carditis
Chronic
131
93C (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Wm R. Gum, M. D.
, 19 (Address) 2247 S Bdway.

*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	DATE OF BURIAL
Mascoutah Catholic Cem	Feb 25 1929
20. UNDERTAKER	ADDRESS
E. G. L. Moll.	Mascoutah, Ill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.