

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

Do not use this space.

42006

File No. \_\_\_\_\_  
Registered No. 11129  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 791  
City St. Louis Mo. (No. 2334 Madison St.)

**2. FULL NAME**

Mabel H. Molkenbur  
(a) Residence, No. 2334 Madison St. St. 20 Ward.

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Molkenbur

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Johan Buske

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Mary Johanspeter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Oscar Molkenbur (ADDRESS) 2334 Madison St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Irons DATE Dec 16 1932

19. UNDERTAKER H. J. Leidner Ind. Co (ADDRESS) 417 St. Market St.

20. FILED DEC 15 1932 W. C. Hartley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 4th 1932 to Dec the 13th 1932  
I last saw her alive on Dec 13th 1932. Death is said to have occurred on the date stated above, at 11:50 P.m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
23A  
23  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

8. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1932  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Dr. Reinhold Parsler, M. D.  
(Address) 3314 N. Grand Blvd.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

