

AUG 18 1936

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

Do not use this space.

28008

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

6728

City St. Louis, Mo. (No.)Missouri Baptist Hospital St. Ward)

2. FULL NAME

Nettie Molkenbur,

(a) Residence, No.

4108 Camellia Ave.,10 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

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 OFOscar Molkenbur

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

April 29 1898

7. AGE

YEARS

38

MONTHS

2

DAYS

3

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housework9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.housewife10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....

12. BIRTHPLACE (CITY OR TOWN)

Marblehill, Mo.

(STATE OR COUNTRY)

13. NAME

Geo. Harper

14. BIRTHPLACE (CITY OR TOWN)

Ky.

(STATE OR COUNTRY)

15. MAIDEN NAME

Almeta Wolf

16. BIRTHPLACE (CITY OR TOWN)

South Carlina.

(STATE OR COUNTRY)

17. INFORMANT

Oscar Molkebur,

(ADDRESS)

4108 Camellia Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zions Cem.DATE July 6th 19 36

19. UNDERTAKER

(ADDRESS)

Hy Reiderer Mfg Co
1417 N. Market St.

20. JUL 3 1936

19.

J. F. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 2, 1936

22. I HEREBY CERTIFY That I attended deceased from

May 1, 1936, to July 2, 1936I last saw her alive on July 2, 1936 Death is saidto have occurred on the date stated above, at 3:45 P. M.

The principal cause of death and related causes of importance were as follows:

acute myocarditis
Cause unknownDate of onset
about
June
15

Other contributory causes of importance:

930

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....., 19.....

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).....

James M. Staven, M. D.

(Address).....

2020 S. Jefferson

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.

Haven
20279 S. J. Johnson