

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

39610  
Do not use this space.

1. PLACE OF DEATH **DEC 13 1937**

(a) County ..... Registration District No. **100**

(b) Township ..... Primary Registration District No. **100**

(c) City **St. Louis Mo.** (d) Street No. **BARNES HOSPITAL** St. **St.**  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Bessie Molasky**

(a) Residence, No. **1335 W. ELTON** St. **6**  
(Usual place of abode, if no street address, write county or city) (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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jacob Molasky**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **not known**

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **at home**

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

13. NAME **unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

MOTHER 15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

17. INFORMANT (ADDRESS) **David Molasky 1335 W. Elton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Sinai Cem.** DATE **11-18** 19**37**

19. FUNERAL DIRECTOR (ADDRESS) **H. Pindskopf 5216 Delmar**

20. FILED **NOV 16 1937** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-15-1937**

22. I HEREBY CERTIFY, That I attended deceased from **11-14** 19**37**, to **11-15** 19**37**

I last saw her alive on **11-15** 19**37**. Death is said to have occurred on the date stated above, at **8:35 a** m.

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

**Diabetic Mellitus** Date of onset **2-3 years**

**Coronary Arteriosclerosis** **2-3 years**

**Coronary Arteriosclerosis** **2-3 years**

**Hypertension**

Other contributory causes of importance: **19**

Name of operation ..... Date of .....  
What test confirmed diagnosis **Chin. (17/10/37)** Was there an autopsy? **Yes**

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) **B. N. Charles**, M. D.  
(Address) **BARNES HOSPITAL**

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.

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. 2207

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Herman Rindoff

Licensed Embalmer No. \_\_\_\_\_

**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.)**