

REC'D JUN 9 1938

Pr 6850

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
16617
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Missouri** (d) Street No. **City Sanitarium** Registered No. **4478**
 (e) Length of residence in city or town where death occurred **53** (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. **4** mos. **1** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mollie Misch,
 (a) Residence, No. **3002 Texas Ave.** St. **24**
 (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) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 14 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
 10. Date deceased last worked at this occupation (month and year) **1907** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **St. Louis, Missouri**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **St. Louis, Missouri**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **St. Louis, Missouri**

17. INFORMANT (ADDRESS) **C.A. Brown, M.D. 5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL (PLACE) **Old St. Peter & Paul** DATE **5-17-38** 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Joseph J. Bludsch 4016 Chippewa St.**

20. FILED **MAY 16 1938** **J. F. Bludsch** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-15-38** 19

22. I HEREBY CERTIFY, That I attended deceased from **7-1-37** 19, to **5-15-38** 19
 I last saw her alive on **5-15-38** 19. Death is said to have occurred on the date stated above, at **7:10 A.M.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus 7-1-37 Date of onset

Other contributory causes of importance:

**Shock (Post Operative)
 Operation Gastrostomy**

Name of operation **5-14-38** Date of
 What test confirmed diagnosis? **Biopsy** Was there an autopsy? **No**

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) **Cecil H. Brown** M. D.
 (Address) **5400 Arsenal**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision

Signed

Licensed Embalmer No. *3888*

P. O. Address *415 Kissena*

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.)

If this body is not embalmed, above space should be left blank.