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

791
1003

30653
Do not use this space.

1. PLACE OF DEATH OCT 12 1938 2/1

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

(b) Township ..... Primary Registration District No. ..... Registered No. 8090

(c) City St. Louis (d) Street No. 3701 Gravois Ave. 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 Barbara Molnar 4.56

(a) Residence, No. 3701 Gravois Ave. St. 16
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Molnar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 21st. 1880.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	1	22	

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.
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) Austria 7

FATHER

13. NAME ---- Schwartz 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 9

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Andrew Molnar 3710 Gravois Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New S.S. Peter-Paul Sept. 14- 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED SEP 13 1938 19 J. D. Bruder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept; 12th. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 st, 1938, to Sept 12, 1938
I last saw her alive on Sept 7, 1938. Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis — Date of onset 1935

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Physical Exam 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? no
If so, specify
(Signed) [signature], M. D.
(Address) 2204 So Broadway

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 2645 Frank J. Wyland, or by

Registered Apprentice No. ..... working under my personal supervision.

Signed Frank J. Wyland

Licensed Embalmer No. 2645

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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