

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.

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

13216
 Do not use this space.

REC'D MAY 10 1939

791
 1008

1. PLACE OF DEATH
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis..... (d) Street No. 2625 Howard 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 Alphonse T Molloy
 (a) Residence, No. 2625 Howard St. St. 20
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13th 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	50	3	3	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Floor Manager
 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) St Louis
(STATE OR COUNTRY) Missouri

FATHER
 13. NAME Alphonse T Molloy
 14. BIRTHPLACE (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) La

MOTHER
 15. MAIDEN NAME Mary Moran
 16. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Maurice Molloy
(ADDRESS) 2625 Howard St

18. BURIAL CREMATION, OR REMOVAL PLACE National Jefferson Barracks April 19th 39

19. FUNERAL DIRECTOR (NAME) Stroot - Carroll
(ADDRESS) 1600 Natural Bridge Ave

20. FILED APR 17 1939 J. P. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to death, April 16, 1939
 I last saw him alive on April 16, 1939. Death is said to have occurred on the date stated above, at 4.40 P.
 The principal cause of death and related causes of importance were as follows:

Apoplexy (cerebral hemorrhage) Date of onset 4-13-39
1936

Other contributory causes of importance:
Stenoplegia (following previous apoplectic stroke)

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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) Edwin Sautel, M. D.
 (Address) 1331 No. Seventh St.

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.....

Frank H. Smith

Licensed Embalmer' No. 2265

P. O. Address.....

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.