

FILED OCT 29 1941

Registration District No. **789**

Primary Registration District No. **101**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 days**
(Specify whether
In this community **life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Webster Groves**
(If outside city or town limits, write "RURAL")
(d) Street No. **833 Marshall Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rufus Moll**

3. (b) If veteran, name war **?** 3. (c) Social Security No. **?**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 23 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	9	18	_____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **nil.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Peter Moll**

13. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Schwade**

15. Birthplace **St. Louis County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frances Koch**

(b) Address **8746 Roadie**

17. (a) **Burial** (b) Date thereof **10-14-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's Lutheran**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **245 1/2 W. Manchester**

19. (a) **OCT 13 1941** (b) **J. M. Gorman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **11**
year **1941** hour **5** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **9-30-41**
19____ to **10-11-41** 19____

that I last saw him alive on **10-11-41**
and that death occurred on the date and hour stated above.

Immediate cause of death **peripheral vascular dilatation**

Due to **chronic poisoning**

Due to **cardiac vascular disease**

Other conditions **arteriosclerosis (myocardium)**

Major findings: Of operations **None**

Of autopsy **no gross microscopic not reported**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **D**

23. Signature **Jessie O. Gandy** (M. D. or other) **MD**

Address **St. Louis County** Date signed **10/13/41**

Duration **80 min**
1 1/2 days
eye
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

H. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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, fact should be so stated above.