

DEC 22 1941

1003

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9218

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)  
 In this community 4 months 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 009  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6568 S Carleton Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

8. (a) PRINT FULL NAME GARY A. MOLITOR

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced D

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

7. Birth date of deceased July 1 - 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Albert Molitor  
 13. Birthplace St. Charles Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Forness  
 15. Birthplace St. Charles Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer Haller  
 (b) Address Ofallon mo 20.

17. (a) Burial (b) Date thereof 11-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Paul, Mo.

18. (a) Signature of funeral director Ed Keithly  
 (b) Address Ofallon mo.

19. (a) NOV 21 1941 (b) G. F. Brueck  
(Date received from informant) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1941 hour 4 minute 35 P.M.  
 21. I hereby certify that I attended the deceased from Nov 17 1941, to Nov 17 1941; that I last saw him alive on Nov 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary edema Duration 1 day

Due to cause unknown

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) ///

Major findings: Of operations \_\_\_\_\_

Of autopsy pulmonary edema  
cause unknown

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

23. Signature Dr. P. C. Smith (M. D. or other) \_\_\_\_\_  
 Address Med Arts Bldg Date signed Nov 17/41

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

20  
17  
9

R-0-8600

Rev. 1-1-58

**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 E. R. Keitky

Licensed Embalmer No. 827

P. O. Address Otallon me

**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.**