

3. No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16461

State File No. _____

Registrar's No. **5086**

FILED JUN 22 1943 91
Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 wks.**
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Lillian Mollett**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Walter T. Mollett**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **August 12 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 29 hr. min.

9. Birthplace **Unk.** **Unk.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Andrew Paxton**
13. Birthplace **Unk.** **Unk.**
(City, town, or county) (State or foreign country)
14. Maiden name **Rode Ann Wynn**
15. Birthplace **Unk.** **Unk.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter T. Mollett**
(b) Address **Rolla, Mo.**
17. (a) **Burial** (b) Date thereof **6/14/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rolla, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**
(b) Address **4700 Washington ave.**
JUN 11 1943
19. (a) (Date received local registrar) **J. P. Brubaker**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**
(c) City or town **Rolla**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14th**
year **1942** hour **12** minute **02** P. M.

21. I hereby certify that I attended the deceased from **7 May**
6 19 **42** to **June 11 1942**
that I last saw her alive on **June 10 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiorenalitic syndrome**
Hypertension
Due to **Diabetes mellitus**
Duration **8 mos.**
several mos.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **W. R. Smith** (M. D. or other) **M.D.**
Address **607 N. Ford Blvd.** Date signed **6/11/42**

8/24 (Licensed Embalmer's Statement on Reverse Side)

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

20
17
9

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.....

Albert G. Hopper

Licensed Embalmer No.....

2971

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, fact should be so stated above.