

AUG 6 1942

State File No.

6366

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: **3883 Walsh St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **000**
(c) City or town. **St. Louis,** **17**
(If outside city or town limits, write "RURAL") **159**
(d) Street No. **3883 Walsh St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Angelo Molin**

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 **Married**

6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased. **February 8 1870**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **18** If less than one day hr. min.

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

10. Usual occupation **Carpenter Retired**

11. Industry or business

MOTHER FATHER { 12. Name **Don't Know,**
13. Birthplace **Don't Know,** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't Know,**
15. Birthplace **Don't Know,** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Molin,**
(b) Address **3883 Walsh St.,**

17. (a) **Burial** (b) Date thereof **July 29, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Olive Cemetery.**

18. (a) Signature of funeral director **Gebben-Benz Mortuary**
(b) Address **2842 Meramec St.**

19. (a) **J.H. 219** (b) **J.F. Bredek**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26th.**
year **1942** hour **1:** minute **30PM** M.

21. I hereby certify that I attended the deceased from **Jan. 30th 1942**
19 to **July 26th 1942**
that I last saw him alive on **July 26th 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocardial Disease Arterio-sclerosis**

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

Major findings: Of operations
Of autopsy

Duration
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
Where did injury occur? (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature **Paul B. Walsh** (M. D. or other) **MD**
Address **1920 Sidney** Date signed **7/27/42**

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

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

Signed Joe S. Benz
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, Mo.

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.