V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36059

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9565

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis 523
(If outside city or town limits, write "RURAL")
(d) Street No. 1824 So 9th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Molly Wilson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb 6th 1873 (Month) (Day) (Year)
8. AGE: Years 69 Months 9 Days 9 If less than one day hr. min.
9. Birthplace Pittsburgh (City, town, or county) Penn (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Hoerr
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Frank Wilson
(b) Address 3211 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Cemetery
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa St
19. (a) NOV 17 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15. year 1942 hour 11:00 minute P. M.
21. I hereby certify that I attended the deceased from November 8, 1942, to November 15, 1942, that I last saw or alive on November 15, 1942, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of Ampulla of Vater
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Carcinoma of Ampulla of Vater

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) no
(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 William J Park (M. D. or other)
Address 1515 Lafayette Ave. Date 11/16/42

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Duanica

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.