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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1944 McLaran

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4399

Registration District No. 317 2520

Primary Registration District No. 6076

Registrar's No. 223

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 2520 McLaran Elms Convalescent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 1

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 3935 Winnebago St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pauline Molitor

3. (b) If veteran, name war -

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Eugene Molitor

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased December (Month) 17 (Day) 1860 (Year)

8. AGE: Years 83 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Home

11. Industry or business -

FATHER
12. Name John Etzkorn
13. Birthplace Unknown (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name Mary Koehler
15. Birthplace Unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Sophia M. Bentlage

(b) Address 3935 Winnebago St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 27 (Day) 44 (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kreeler-Helderle and Co

(b) Address 3634 Gravois Ave.

19. (a) JAN 26 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 th. year 1944 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 1-20, 1944, to 1-25, 1944 that I last saw her alive on 1-24, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	2yrs
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	9

Major findings:
Of operations 93d
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 Eugene L. Arnold (M. D. or other) M.D.

Address 1449 McLaran Date signed

(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 Robert C Wheeler

Licensed Embalmer No. 2178

P. O. Address 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.