

**FILED** JUL 26 1946  
318

1003

Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District 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:  
**Enroute City Hospital 2**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **822 A. Pine St.**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Evelyn Virgus Molla**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12**  
 year **1946** hour **10** minut **45** P.M.

4. Sex **Female** / 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Ernest Thomas Molla**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **About 1917**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

8. AGE: Years **29** Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
 Immediate cause of death **stab wound of heart**  
**penetrating**  
**at the hands of one Ernest Molla**  
**in his room at the Marie Hotel**  
**around 10.00 P.M. July 12 1946**

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

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

10. Usual occupation **Housewife**

Major findings: **167**  
 Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name **David Linn**  
 13. Birthplace **Unk. Colorado**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Julia Unknown**  
 15. Birthplace **Unk. Colorado**  
 (City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Ernest Molla**  
 (b) Address **822 Pine St.**  
 17. (a) **Removal** (b) Date thereof **7/14/46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence **July 12 1946**  
 (c) Where did injury occur? **St. Louis mo**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Hotel**

(c) Place: burial or cremation **Oak Creek, Colo.**  
 18. (a) Signature of funeral director **Albert H. Hoppe Inc**  
**4800 Washington Blvd.**  
 (b) Address \_\_\_\_\_  
**JUL 15 1946**  
 (Date received local registrar) (c) \_\_\_\_\_  
 (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury **to drive**

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (c) \_\_\_\_\_  
 (Registrar's signature)

23. Signature **Alfred Perry** (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed **7/14/46**

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

85529

---

---

**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 John Agoniski  
Licensed Embalmer No. 3348  
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.**