S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14896

Registration District No. 377 — Primary Registration District No. 3069 — Registrar's No. 1051

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5616 Hiller Place (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: William R. Moll
3. (b) If veteran, name war: World War # 1
3. (c) Social Security No.: 489-05-0897
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Viola Moll
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: January (Month) 9 (Day) 1893 (Year)

8. AGE: Years 55 | Months 3 | Days 13 | If less than one day ... hr. ... min.
9. Birthplace: St. Louis (City, town, or county) MO. (State or foreign country)
10. Usual occupation: Paint Packer
11. Industry or business: Vane-Calvert Paint CO.
MOTHER FATHER
12. Name: August Moll
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Viola Moll
(b) Address: 5616 Hiller Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/ 24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Friedens Cemetery
18. (a) Signature of funeral director: Suedmeyer & Son's
(b) Address: 3934 N. 20 Street
19. (a) 4-24-48 (Date received local registrar) (b) Earl G. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22 year 1948 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb 1, 1948, to Apr 22, 1948, that I last saw h. alive on Apr 21, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Cancer Granular lobe (metastatic?)	
Due to:	
Due to: 348	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Wm R. Moll (M. D. or other)
Address: Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

8201 N. Berry + Hollie Terry Rd. 38

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 Neville R. Grohwitter

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th ST.

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.