

No. 300
10-47
5-17-39
WI 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

28038
State File No.
Registrar's No. 7105

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 Lafayette
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME JOHN R. MOLDEN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 19 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 24
If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name AUGUST MOLDEN
13. Birthplace NEW JERSEY
14. Maiden name KUNIE LINDERBERG
15. Birthplace GERMANY

16. (a) Informant Mrs Kate Kelley
(b) Address 1330 BAYARD AV.
17. (a) BURIAL (b) Date thereof AUG 14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Pauls
18. (a) Signature of funeral director E. J. Schmutz
(b) Address 3125 Lafayette av.
19. (a) AUG 13 1948 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 12
year 1948 hour 11:50 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thromboses Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature V. O. Taylor (M.D. or other) _____
Address _____ Date signed _____

109

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 Joe B. Vollmer
Licensed Embalmer No. 4014
P. O. Address 3125 Papworth Lane

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.