

REC'D DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 42599  
10635

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2230</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS, MO.</b>		c. LENGTH OF STAY (In this place) <b>12-11-50</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>				2. STREET ADDRESS (If rural, give location) <b>2204a S. 18th.</b>					
3. NAME OF DECEASED (Type or Print) <b>George</b>			a. (First)	b. (Middle)	c. (Last) <b>Mollet</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 11 50</b>			
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 31, 1866</b>		9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>? Mollet</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Hammer</b>			14. NAME OF HUSBAND OR WIFE <b>Maria Mollet</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>City Infirmary Records.</b>				ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Arteriosclerosis with</b>  ANTECEDENT CAUSES <b>Peripheral Vascular and Cardiac</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Components</b> DUE TO (c) <b>Components</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Components to 1950.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>45 ft</b>					
22. I hereby certify that I attended the deceased from <b>7 - 18 19 50</b> to <b>12 - 11 - 19 50</b> , that I last saw the deceased alive on <b>Dec. 11, 1950</b> , and that death occurred at <b>11:45 A.M.</b> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>George M. Javala, M.D.</b>				23b. ADDRESS <b>5800 Arsenal Street.</b>		23c. DATE SIGNED <b>12/11/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 14, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 13 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Carter</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Weick Bros. 2201 So. Grand Blvd.</b>			ADDRESS	

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Allen Davis Jr*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4053*

P. O. Address *St. Louis, Mo*

Note: The above. **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.