

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44385**

No. 300
10.48

FILED JAN 5th 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11685**

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

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS, | | c. LENGTH OF STAY (In this place) 11 | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, | | d. STREET ADDRESS (If rural, give location) 4138 ST. LOUIS AVE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL | | | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| a. (First) LOUIS | | b. (Middle) M. | |
| c. (Last) MOLLMANN | | (Month) (Day) (Year) DEC. 9, 1953 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH JULY 8, 1879 |
| 9. AGE (In years last birthday) 74 | | 10. KIND OF BUSINESS OR INDUSTRY BUTLER BROS | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLERK | | 11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI | |
| 13a. FATHER'S NAME WILLIAM MOLLMANN | | 13b. MOTHER'S MAIDEN NAME JOHANNA DIEPENBRINK | |
| 13c. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. # | |
| 17. INFORMANT'S SIGNATURE OR NAME MRS PETER BARTH | | ADDRESS ROUTE 1, BOX 263 | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of right hip, and right humerus; Arterio sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) when he fell, about Dec 5 DUE TO (c) | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 1953 on sidewalk in front of home Accident | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo | |
| 21a. ACCIDENT (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Sidewalk | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 5 53 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? E9035 | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:35A m., from the causes and on the date stated above. 44 | | | |
| 23a. SIGNATURE Patrick C. Taylor | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED 12.10.53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 12/12/53 | |
| 24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO. | |
| DATE REC'D BY LOCAL REG. DEC 10 1953 | | 25. FUNERAL DIRECTOR'S SIGNATURE STROOT - GARROLL | |
| REGISTRAR'S SIGNATURE Carl Smith | | ADDRESS 4600 NATL BRIDGE | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 4868

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.