

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3094**
Registrar's No. **0788**

FILED FEB 2 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHESTER	
c. LENGTH OF STAY (In this place) 5 DAYS		d. STREET ADDRESS (If rural, give location) 1418 SWANWICK ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McMILLAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) RACHEL b. (Middle) C. c. (Last) MOLL			4. DATE OF DEATH (Month) (Day) (Year) JAN. 23, 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 6, 1883		9. AGE (In years last birthday) 70		10. UNDER 1 YEAR: Months 7 Days 17 Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN GLASGOW		13b. MOTHER'S MAIDEN NAME ELLEN BERTHOL	
14. NAME OF HUSBAND OR WIFE PHILLIP A. MOLL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Leadner J. Moll, Chester, Ill. (R)		18. CAUSE OF DEATH		19. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) THROMBUS OCCLUDING DESCENDING BRANCH OF LEFT CORONARY ARTERY		INTERVAL BETWEEN ONSET AND DEATH 20 YEARS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBUS OCCLUDING DESCENDING BRANCH OF LEFT CORONARY ARTERY			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS OF CORONARY ARTERIES			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1/20/54		19b. MAJOR FINDINGS OF OPERATION CATARACT OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from **1/19, 1954**, to **1/23, 1954**, that I last saw the deceased alive on **1/23, 1954**, and that death occurred at **2:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. R. Bradley M.D.		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 1/23/54	
24a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL		24b. DATE JAN. 26, 1954		24c. NAME OF CEMETERY OR CREMATORY ST. BONIFACE	
24d. LOCATION (City, town, or county) (State) EVANSVILLE, ILL.		24e. DATE REC'D BY LOCAL REG. JAN 25 1954		24f. REGISTRAR'S SIGNATURE J. Carl Smith	

25. FUNERAL DIRECTOR'S SIGNATURE W. O. Green		25. ADDRESS 1418 Swanwick St. Chester, Ill.	
---	--	--	--

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

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 Paul C. Schroeder

Licensed Embalmer No. 1751

P. O. Address Chicago Ill

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.