

**DISCLAIMER**

This biography is a rough draft and a work-in-progress.  
The research has not been completed, so there may be errors and omissions.

This document lacks 1950 census data.  
Please return to [Tuscania1918.org](http://Tuscania1918.org) in the future to see if a revised and  
finalized version is available.

**Abbreviations:**

b = born

d = died

F: = Find A Grave ([www.findagrave.org](http://www.findagrave.org))

NOK = next-of-kin

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The logo for Tuscania, featuring the word "TUSCANIA" in a stylized, black, serif font with a drop shadow effect, set against a solid red rectangular background.

**Molina, Federico**  
**1894 TX – 1967 TX**



Federico Molina – pictured on his tombstone – Find A Grave 131412396

## **Federico Molina**

Services for Federico Molina, 73, of 120 Ripford St., will be at 7:30 a.m. Friday at Max Martinez Funeral Home, with Requiem Mass at 8 a.m. at St. Philip of Jesus Catholic Church. Burial will be in Villa Del Carmen Cemetery.

Molina, who died Wednesday, is survived by a daughter, Mrs. Procapio M. Gutierrez, San Antonio, and a son, Jesus Molina in the U.S. Air Force.

Obituary of Federico Molina – "San Antonio (TX) Express" Friday 24 Nov 1967 p 62

STATE OF TEXAS 01581-2 015-01 CERTIFICATE OF DEATH 25 STATE FILE NO. 70072

|                                                                                                                                                                                                                                                                |                                  |                                                                                                                                                                                                                                                                                                                |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bexar</b>                                                                                                                                                                                                                    |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b>                                                                                                                                                                          |                                         |
| b. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>San Antonio</b>                                                                                                                                                                              |                                  | c. LENGTH OF STAY<br>(in years)<br><b>35</b>                                                                                                                                                                                                                                                                   |                                         |
| d. NAME OF (If not in hospital, give street address)<br>HOSPITAL OR INSTITUTION<br><b>Baptist Memorial Hospital</b>                                                                                                                                            |                                  | e. CITY OR TOWN (If outside city limits, give precinct no.)<br><b>San Antonio</b>                                                                                                                                                                                                                              |                                         |
| f. STREET ADDRESS (If rural, give location)<br><b>120 Ripford St.</b>                                                                                                                                                                                          |                                  | g. IS RESIDENCE INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                     |                                         |
| h. IS PLACE OF DEATH INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                |                                  | i. IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                              |                                         |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Federico</b>                                                                                                                                                                                                      |                                  | 4. DATE OF DEATH<br><b>November 22, 1967</b>                                                                                                                                                                                                                                                                   |                                         |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                          | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                                                                                                                                                    | 8. DATE OF BIRTH<br><b>July 5, 1894</b> |
| 9. AGE (in years last birthday)<br><b>73</b>                                                                                                                                                                                                                   |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Warehouseman</b>                                                                                                                                                                                              |                                         |
| 11. KIND OF BUSINESS OR INDUSTRY<br><b>U.S. Air Force Base</b>                                                                                                                                                                                                 |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                                                                                                                                                                                                                                                  |                                         |
| 13. FATHER'S NAME<br><b>Nicolas Molina</b>                                                                                                                                                                                                                     |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Juanita Saenz</b>                                                                                                                                                                                                                                                               |                                         |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)<br><b>Yes</b>                                                                                                                                                                             |                                  | 16. SOCIAL SECURITY NO.<br><b>451-18-5144</b>                                                                                                                                                                                                                                                                  |                                         |
| 17. INFORMANT<br><b>Jesus Molina</b>                                                                                                                                                                                                                           |                                  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br>Conditions, if any, which gave rise to above cause (b) <b>Arterio-sclerosis</b><br>stating the underlying cause last. DUE TO (c) <b>Senility</b> |                                         |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                              |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>24</b> hours                                                                                                                                                                                                                                                            |                                         |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                      |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)                                                                                                                                                                                                                   |                                         |
| 20c. TIME OF INJURY<br>Hour <b>8:15</b> p.m.<br>Month <b>Nov.</b> Day <b>22</b> Year <b>1967</b>                                                                                                                                                               |                                  | 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                      |                                         |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)                                                                                                                                                                    |                                  | 20f. CITY, TOWN, OR LOCATION<br><b>San Antonio, Tex.</b>                                                                                                                                                                                                                                                       |                                         |
| 21. I hereby certify that I attended the deceased from <b>Nov. 1957</b> to <b>Nov. 22, 1967</b> and last saw the deceased alive on <b>Nov. 22, 1967</b> at <b>8:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                                  | 22. ADDRESS<br><b>525 Richmond St.</b>                                                                                                                                                                                                                                                                         |                                         |
| 23a. SIGNATURE<br><b>Alfred Brewer M.D.</b>                                                                                                                                                                                                                    |                                  | 23b. DATE<br><b>November 24, 1967</b>                                                                                                                                                                                                                                                                          |                                         |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Villa Del Carmen Cemetery</b>                                                                                                                                                                                         |                                  | 23d. FUNERAL DIRECTOR'S SIGNATURE<br><b>Max Martinez Funeral Home</b>                                                                                                                                                                                                                                          |                                         |
| 23e. LOCATION<br><b>Bexar County, Texas</b>                                                                                                                                                                                                                    |                                  | 23f. REGISTRAR'S SIGNATURE<br><b>William Person</b>                                                                                                                                                                                                                                                            |                                         |
| 24. REGISTRAR'S NO.<br><b>5334</b>                                                                                                                                                                                                                             |                                  | 24b. DATE REC'D BY LOCAL REGISTRAR<br><b>NOV 28 1967</b>                                                                                                                                                                                                                                                       |                                         |

TEXAS DEPARTMENT OF HEALTH  
REC'D DEC 18 1967  
BUREAU OF VITAL STATISTICS

VS-112, REV. 1/56

TX death record of Federico Molina - [https://www.ancestry.com/discoveryui-content/view/103280:2272?tid=&pid=&queryId=01181847103c214b8ab1b1b28d0a7762&\\_phsrc=hFB37114&\\_phstart=successSource](https://www.ancestry.com/discoveryui-content/view/103280:2272?tid=&pid=&queryId=01181847103c214b8ab1b1b28d0a7762&_phsrc=hFB37114&_phstart=successSource)

When Federico Molina (Saenz) and his twin sister Anastacia Erminia were born on July 5, 1894, in San Diego, Texas, their father, Jose, was 44, and their mother, Francisca, was 38. He had one son with Fortina Hernandez in 1928. He died on November 22, 1967, in San Antonio, Texas, at the age of 73.

The Federico Molina who had a child, Luis Hernandez Molina, with Fortina Hernandez was born in Mexico - [https://www.ancestry.com/family-tree/person/tree/58667975/person/330195836407/story?\\_phsrc=hFB37115&\\_phstart=successSource](https://www.ancestry.com/family-tree/person/tree/58667975/person/330195836407/story?_phsrc=hFB37115&_phstart=successSource)



Wife:

015-1-0-2 015-1-0 TEXAS DEPARTMENT OF HEALTH 1700 12 59028  
BUREAU OF VITAL STATISTICS  
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NO.

|                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bexar</b>                                                                                |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |
| b. CITY (If outside corporate limits, write RURAL and give precinct no.)<br><b>San Antonio</b>                             |                                  | c. CITY (If outside corporate limits, write RURAL and give precinct no.)<br><b>San Antonio</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Sta Rosa Hosp</b>                                                            |                                  | d. STREET ADDRESS (If rural, give location)<br><b>120 Ripford St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Ernestina</b> b. (Middle) <b>Molina</b> c. (Last)                     |                                  | 4. DATE OF DEATH<br><b>Nov-25-57</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |
| 5. SEX<br><b>Female</b>                                                                                                    | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8. DATE OF BIRTH<br><b>Nov-10-1901</b> |
| 9. AGE YEARS MONTHS DAYS<br><b>56 0 15</b>                                                                                 |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>                                                                           |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Texas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |
| 12. FATHER'S NAME<br><b>Jesus Molina</b>                                                                                   |                                  | 13. MOTHER'S MAIDEN NAME<br><b>Adela Guenz</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Unknown</b> |                                  | 15. SOCIAL SECURITY NO.<br><b>Unknown</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |
| 16. INFORMANT'S SIGNATURE<br><b>G. M. [Signature]</b>                                                                      |                                  | 17. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br>ANTECEDENT CAUSES<br>Due to (b) <b>Primary Carcinoma of Breast</b> (about one yr.)<br>Due to (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Terminal Congestive Heart Failure</b> |                                        |
| 18a. DATE OF OPERATION<br><b>11-6-57</b>                                                                                   |                                  | 18b. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma of Breast</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| 19. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                        |                                  | 20a. ACCIDENT<br>SUICIDE<br>HOMICIDE<br><b>Natural Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |
| 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                   |                                  | 20c. CITY, TOWN, OR PRECINCT NO. (COUNTY)<br><b>TEXAS DEPARTMENT OF HEALTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| 20d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>no injury</b>                                                        |                                  | 20e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |
| 20f. HOW DID INJURY OCCUR?<br><b>DEC 4 1957</b>                                                                            |                                  | 21. I hereby certify that I attended the deceased from <b>11-2</b> , 1957, to <b>11-25</b> , 1957, that I last saw the deceased alive on <b>11-20</b> , 1957, and that death occurred at <b>3:30 p.m.</b> , from the causes and on the date stated above.                                                                                                                                                                                                                                                                                                                                          |                                        |
| 22a. SIGNATURE (Degree or title)<br><b>Ted G. Schafer, M.D.</b>                                                            |                                  | 22b. ADDRESS<br><b>Sta Rosa Hosp.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |
| 22c. DATE SIGNED<br><b>11-25-57</b>                                                                                        |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |
| 23b. DATE<br><b>Nov-27-57</b>                                                                                              |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Villa Del Carmen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
| 23d. LOCATION (City, town, or county) (State)<br><b>San Antonio Texas</b>                                                  |                                  | 24. FUNERAL DIRECTOR'S SIGNATURE<br><b>Mission Funeral Home By J. Castillo 1101</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| 25a. REGISTRAR'S FILE NO.<br><b>4462</b>                                                                                   |                                  | 25b. DATE REC'D BY LOCAL REGISTRAR<br><b>NOV 25 1957</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |
| 25c. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>                                                                           |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

TX death record of wife Ernestina Molina Molina (1900/1901 – 1957) -

[https://www.ancestry.com/discoveryui-content/view/22830780:2272?tid=&pid=&queryId=7f7329215a8f33e007a972fcee96d432&\\_phsrc=hFB37146&\\_phstart=successSource](https://www.ancestry.com/discoveryui-content/view/22830780:2272?tid=&pid=&queryId=7f7329215a8f33e007a972fcee96d432&_phsrc=hFB37146&_phstart=successSource)

Children by Ernestina Molina:

one the Law Governing Birth Registration Read Reverse Side.  
 If child is born a certificate for each child must be filed, filling in items 4 and 5 carefully. For stillbirth file both birth and death certificates.

TEXAS STATE BOARD OF HEALTH  
**BUREAU OF VITAL STATISTICS**  
 STANDARD CERTIFICATE OF BIRTH

B. O. V. S.  
**FORM B**

PLACE OF BIRTH  
 (1) County Kleberg  
 City Kingsville

12481  
 9836

Reg. Dis. No. \_\_\_\_\_ Register No. \_\_\_\_\_

(2) FULL NAME OF CHILD Gilberto Molina (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

(3) Sex of Child male (4) Twin, triplet, or other \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (12) Legitimate yes (13) Date of Birth Feb., 4, 1925  
 (To be answered in event of plural births) (Yes or no) (Month) (Day) (Year)

**FATHER** **MOTHER**

(6) FULL NAME Federico Molina (14) FULL MAIDEN NAME Ernestina Molina  
 (7) RESIDENCE San Antonio, Tex (15) RESIDENCE San Antonio, Tex  
 (8) COLOR Mexican AGE AT LAST BIRTHDAY 28 (Years) (16) COLOR Mexican AGE AT LAST BIRTHDAY 22 (Years)  
 (9) BIRTHPLACE Texas (17) BIRTHPLACE Texas  
 (10) OCCUPATION laborer (18) OCCUPATION housewife

(11) Number of children born to this mother, including present birth. 1 Number of children of this mother now living 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(19) I hereby certify that I attended the birth of this child, who was born alive at 1245 A.M. on the date above stated.  
 stillborn \_\_\_\_\_

(Signature) Carrie B. Quinn  
 (Physician or Midwife)

Address Kingsville, Texas

Filed 3/7, 1925 Carrie B. Quinn  
 Registrar.

report \_\_\_\_\_ 1925  
 Registrar.

sin, Austin Form 52b-T37-2-21-100M

Son Gilberto Molina, b. 4 Feb 1925 Kingsville, Kleberg TX – Ernestina's 1<sup>st</sup> child -

<https://www.ancestry.com/discoveryui-content/view/1019383:2275>



Lanier High School (San Antonio TX) 1940 yearbook, ROTC Band – Gilberto Molina is 2<sup>nd</sup> from left in front row (trombone) - <https://www.ancestry.com/discoveryui-content/view/752986756:1265>

713 ✓

USE THIS FORM FOR CORRECTING A CERTIFICATE FILED AT THE TIME THE BIRTH OCCURRED.  
THIS FORM CANNOT BE USED FOR CORRECTING RECORDS FILED THROUGH THE PROBATE COURT

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
STATE OF TEXAS

COUNTY OF Bexar

CITY OR PRECINCT NO. San Antonio Cottonwood Sh.  
GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF CHILD Jesus Molina

RESIDENCE OF THE MOTHER { STREET AND NO. Cottonwood St. CITY San Antonio COUNTY Bexar STATE Texas

3. SEX Male 4. TWIN, TRIPLE, OTHER None 5. NUMBER, IN ORDER OF BIRTH 1 6. LEGITIMATE? Yes 7. DATE OF BIRTH Nov. 8th, 1926

8. FULL NAME Pedro Molina 14. FULL MAIDEN NAME Enna Molina

9. POSTOFFICE ADDRESS San Antonio, Texas 15. POSTOFFICE ADDRESS San Antonio, Texas

10. COLOR OR RACE White 11. AGE AT TIME OF THIS BIRTH 28 (YEARS) 16. COLOR OR RACE White 17. AGE AT TIME OF THIS BIRTH 23 (YEARS)

12. BIRTHPLACE (STATE OR COUNTRY) Dominican Republic 18. BIRTHPLACE (STATE OR COUNTRY) Dominican Republic

13A. TRADE, PROFESSION OR KIND OF WORK DONE City 19A. TRADE, PROFESSION OR KIND OF WORK DONE Housewife

13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED City 19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Housewife

20. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH 2 21. NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING 2

SIGNATURE OF INFORMANT Leonides S. Molina ADDRESS OF INFORMANT 101 E. 1st St., San Antonio, Texas

22. MEDICAL ATTENDANCE

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD BORN ALIVE AT \_\_\_\_\_ M. ON THE ABOVE DATE.

AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS \_\_\_\_\_

DATE 1944 SIGNATURE Leonides S. Molina M.D. None OTHER None POSTOFFICE ADDRESS San Antonio, Texas

23. FILE NUMBER 3838 FILE DATE 3-18-1944 SIGNATURE OF LOCAL REGISTRAR W. B. Smith POSTOFFICE ADDRESS San Antonio, Texas

STATE OF TEXAS  
COUNTY OF Bexar

AFFIDAVIT

Before me on this day appeared Jesús Molina (uncle), known to me to be the person whose name is signed to the above certificate, who on oath deposes and says that the facts stated in the foregoing certificate are true and correct to the best of his knowledge and belief, and that this certificate is filed for the purpose of correcting the original record of the birth of listed a female & should be male (Enna) (Name appearing on original certificate)

Signature Leonides S. Molina

Sworn to and subscribed before me, this 18th day of March, 1944

Walter B. Smith

TX birth record of Jesus Molina, b. 8 Nov 1926 - <https://www.ancestry.com/discoveryui-content/view/3125989:2275>



## Detail Source

|              |                                          |
|--------------|------------------------------------------|
| Name:        | Jesus Molina                             |
| Gender:      | Male                                     |
| Race:        | White                                    |
| Birth Date:  | 8 Nov 1926                               |
| Birth Place: | San Antonio, Texas                       |
| Death Date:  | 29 Mar 1997                              |
| Father:      | <a href="#">Federico Molina</a>          |
| Mother:      | <a href="#">Ernestina M Molina</a>       |
| SSN:         | 460301042                                |
| Notes:       | Jun 1942: Name listed as JESUS<br>MOLINA |

## Jesus Molina

in the U.S., Social Security Applications and Claims Index, 1936-2007

[https://www.ancestry.com/discoveryui-content/view/36628834:60901?tid=&pid=&queryId=58bf00c9d518a542dcc36928ce0846f7&\\_phsrc=hFB37133&\\_phstart=successSource](https://www.ancestry.com/discoveryui-content/view/36628834:60901?tid=&pid=&queryId=58bf00c9d518a542dcc36928ce0846f7&_phsrc=hFB37133&_phstart=successSource)  
Son Jesus Molina (1926-1997) –

TEXAS STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH.

53500  
1931

(1) PLACE OF BIRTH  
County of Bexar District No. \_\_\_\_\_ Register No. \_\_\_\_\_  
City San Antonio No 821 Rer St. Green

(2) FULL NAME OF CHILD Dora Molina If child is not yet named, make supplemental report, as directed.

(3) SEX OF CHILD female (4) TWIN, TRIPLET, OR OTHER \_\_\_\_\_ (5) NUMBER IN ORDER OF BIRTH \_\_\_\_\_ (6) LEGITIMATE (Yes or No) yes (7) DATE OF BIRTH July 17 1931  
(To be answered in event of plural births) (Month) (Day) (Year)

(8) FULL NAME FATHER Fred Molina (14) FULL MAIDEN NAME MOTHER Erna Molina  
(9) RESIDENCE Post Office Address Rear 821 Green (15) RESIDENCE Post Office Address Rear 821 Green  
(10) COLOR white (11) AGE AT LAST BIRTHDAY 35 YRS. (16) COLOR white (17) AGE AT LAST BIRTHDAY 28 YRS.  
(12) BIRTHPLACE Tex (18) BIRTHPLACE Tex  
(13) OCCUPATION Laborer (19) OCCUPATION Housewife  
(20) NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING PRESENT BIRTH 3 (21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING 3

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was born alive at 830 P M. on the date stated above.  
(Signature) J. B. Miller M.D. (Physician or Midwife)  
Address 1204 E. Commerce  
Give name added from a supplemental Report \_\_\_\_\_, 19\_\_\_\_  
REGISTRATION DIVISION FILED JUL 20 1931  
(24) Were prophylactic precautions taken at time of birth to prevent ophthalmia neonatorum? Yes \_\_\_\_\_ No \_\_\_\_\_

TX birth record of daughter Dora Molina, b. 17 Jul 1931 San Antonio, Bexar TX – Ernestina's 3<sup>rd</sup> child  
- <https://www.ancestry.com/discoveryui-content/view/3663177:2275>

This is NOT his son:

When more than one child is born a certificate for each child must be filed, filling items 4 and 5 carefully. For stillbirth file both birth and death certificates.

**TEXAS STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

58885  
3076  
B. O. V. S.  
F  
O  
R  
M  
B

(1) PLACE OF BIRTH  
 County of Bexar Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 City San Antonio, Tex. (No. \_\_\_\_\_) St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (2) FULL NAME OF CHILD Luis Molina If child is not yet named, make supplemental report, as directed.

(3) Sex of Child man (4) Twin, triplet, or other \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Legitimate (Yes or No) Yes (7) Date of Birth April 19, 1928  
 (Month) (Day) (Year)

**FATHER** **MOTHER**

(8) FULL NAME Federico Molina (14) FULL MAIDEN NAME Fortina Hernandez  
 (9) RESIDENCE Post Office Address el pino 912a (15) RESIDENCE Post Office Address 912 el pino St.  
 (16) COLOR White (11) AGE AT LAST BIRTHDAY 22 (16) COLOR White (17) AGE AT LAST BIRTHDAY 20  
 (Years) (Years)

(12) BIRTHPLACE Mexico (18) BIRTHPLACE Mexico  
 (13) OCCUPATION mechanic (19) OCCUPATION modista

(20) Number of children born to this mother, including present birth 1 (21) Number of children of this mother now living 1

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 M. on the date above stated

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francisco B. Judon  
 (Physician or Midwife)

Address 621 Durango St.  
F. B. Judon

Give name added from a supplemental report \_\_\_\_\_, 1928

Filed AUG 25 1928, 1928

Registrar. \_\_\_\_\_ Registrar. \_\_\_\_\_

23. Did you use a one per cent silver nitrate solution in the infant's eyes immediately after its birth? Yes Yes

Form 52b-G79-1026-50m

TX birth record of Luis Hernandez Fortina – NOT his child, as Federico from the Tuscania was not born in Mexico (but in TX) and was not age 22 in 1928 (but was about age 34)  
<https://www.ancestry.com/discoveryui-content/view/1163359:2275>

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

2

TEXAS DEPARTMENT OF HEALTH *E 9820 50*  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH STATE FILE NO. **31642**

STATE OF TEXAS

|                                                                                                                                              |                                  |                                                                                                                                        |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bexar</b>                                                                                                  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b> |                                           |
| b. CITY (If outside corporate limits, write RURAL and give precinct no.)<br><b>San Antonio</b>                                               |                                  | c. CITY (If outside corporate limits, write RURAL and give precinct no.)<br><b>San Antonio</b>                                         |                                           |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Robert S. Green Hospital</b>                                                                   |                                  | d. STREET ADDRESS<br><b>309 Matamoros St.</b>                                                                                          |                                           |
| 3. NAME OF DECEASED<br>a. (First) <b>Jose</b>                                                                                                |                                  | b. (Middle) <b>Molina</b>                                                                                                              |                                           |
| c. (Last) <b>Molina</b>                                                                                                                      |                                  | 4. DATE OF DEATH<br><b>July 20, 1952</b>                                                                                               |                                           |
| 5. SEX<br><b>Male</b>                                                                                                                        | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>                                                               | 8. DATE OF BIRTH<br><b>March 19, 1927</b> |
| 9. AGE<br>YEARS <b>25</b> MONTHS <b>3</b> DAYS <b>26</b>                                                                                     |                                  | 10. BIRTHPLACE (State or foreign country)<br><b>San Antonio, Texas</b>                                                                 |                                           |
| 11. FATHER'S NAME<br><b>Federico Molina</b>                                                                                                  |                                  | 12. MOTHER'S MAIDEN NAME<br><b>Fortina Hernandez</b>                                                                                   |                                           |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES?<br><b>no</b>                                                                                     |                                  | 14. SOCIAL SECURITY NO.<br><b>unk.</b>                                                                                                 |                                           |
| 15. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>fat covered in chest in heart</b>                            |                                  | 16. MEDICAL CERTIFICATION<br>I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>caused in an affray with another man</b>        |                                           |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |                                  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.    |                                           |
| 17. DATE OF OPERATION                                                                                                                        |                                  | 18. MAJOR FINDINGS OF OPERATION                                                                                                        |                                           |
| 19. ACCIDENT (Specify)<br><b>Homicide</b>                                                                                                    |                                  | 20. PLACE OF INJURY (a.s., in or about home, farm, factory, street, office bldg., etc.)<br><b>Street</b>                               |                                           |
| 21. TIME OF INJURY<br>(Month) (Day) (Year)<br><b>July 20, 1952</b>                                                                           |                                  | 22. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                    |                                           |
| 23. HOW DID INJURY OCCUR?<br><b>Stabbed in fight with another man.</b>                                                                       |                                  | 24. SIGNATURE<br>(Degree or title)<br><b>Dr. M. E. Rodriguez</b>                                                                       |                                           |
| 25. ADDRESS<br><b>San Antonio, Texas</b>                                                                                                     |                                  | 26. DATE SIGNED<br><b>7-23-52</b>                                                                                                      |                                           |
| 27. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                    |                                  | 28. DATE<br><b>July 23, 1952</b>                                                                                                       |                                           |
| 29. NAME OF CEMETERY OR CREMATORY<br><b>San Fernando Cem. 2</b>                                                                              |                                  | 30. FUNERAL DIRECTOR'S SIGNATURE<br><b>Mrs. M. E. Rodriguez</b>                                                                        |                                           |
| 31. REGISTRAR'S FILE NO.<br><b>2324</b>                                                                                                      |                                  | 32. DATE REC'D BY LOCAL REGISTRAR<br><b>JUL 23 1952</b>                                                                                |                                           |
| 33. REGISTRAR'S SIGNATURE<br><b>Robert C. Fisher</b>                                                                                         |                                  | 34. REGISTRAR'S SIGNATURE<br><b>Robert C. Fisher</b>                                                                                   |                                           |

TX death record of Jose Molina, b. 19 Mar 1927, died 20 Jul 1952, son of Federico Molina, b. Mexico & Fortina Hernandez, b. Mexico - <https://www.ancestry.com/discoveryui-content/view/771543148:2272>

War:



12-12-67  
**MOLINA FREDERICK** **c** **1674901**  
**Pvt Co B 116th Sup Tn** **K**  
**416 Furnish Ave San Antonio A 3 267 168**  
**Texas**  
**251 543** **Died 11-22-67** **487 537**  
**Born 7-5-94** **R**  
**Est 11-4-17** **Dts 7/18/19** **Cl 2 289 497**  
**I**  
**U. S. VETERANS BUREAU**  
**MAIL AND RECORDS**  
**Form 7302-Rev. Sept., 1925**  
**INDEX CARD**

<https://www.familysearch.org/ark:/61903/3:1:3Q9M-CS1Y-2CCC-8?cc=2968245&personaUrl=%2Fark%3A%2F61903%2F1%3A1%3A7B8S-3V6Z>

1  
**Molina, Frederick** **251,543** **\* White \* Colored.**  
 (Surname) (Christian name) (Army serial number) **Bexar Co.**  
**Residence: Corpus Christi Road San Antonio TEXAS**  
 (Street and house number) (Town or city) (County) (State)  
**\* Inducted at San Antonio Tex Oct 31, 1917**  
**Place of birth: Benevidis Tex Age or date of birth: 23 yrs**  
**Organizations served in, with dates of assignments and transfers:**  
**165 Dep Brig to Apr 15/18; Co B 116 Sup Tn to Apr**  
**24/18; QMC Salvage Sgd #9 to disch**  
**Grades, with date of appointment:**  
**Pvt**  
**Engagements:**  
**Wounds or other injuries received in action: None.**  
**Served overseas from † Jan 27/18 to † July 8/19, from † to †**  
**Honorably discharged on demobilization July 18, 19 19**  
**In view of occupation he was, on date of discharge, reported 0 per cent disabled.**  
**Remarks:**  
**Form No. 724-1, A. G. O. \*Strike out words not applicable. † Dates of departure from and arrival in the U. S.**  
**Nov. 22, 1919. 3-7302**

TX, WWI military record - <https://www.familysearch.org/ark:/61903/3:1:3Q57-89MN-HSZY-G?i=613&cc=2202707&personaUrl=%2Fark%3A%2F61903%2F1%3A1%3AQV18-FHNJ>

## **Doce México-texanos entre los supervivientes del "Tuscania"**

**Formaban parte de las tropas americanas que iban a bordo del citado transporte**

WASHINGTON, D. C., febrero 10. La Secretaría de Guerra del gobierno americano, dió a la publicidad ayer las listas de supervivientes del Tuscania, cuyos nombres se habían recibido para ese día en la mencionada Secretaría. El número de esos supervivientes que aparecen en las listas dichas, es de cerca de dos mil, entre los que se cuentan 89 hombres de reclutados en el estado de Texas.

Entre estos últimos figuran los nombres de doce mexico-texanos, a saber:

Fabio Corrales, de Yoakum.

León S. Martín, de Palacios.

Justo Hernández, de Río Hondo.

Pedro Luján, de El Paso.

Federico Molina, de Benavides.

Margarito Macías, de Benavides.

Librado Navarro, de Laredo.

Marcos Peña, de San Antonio, 725 South Laredo Street.

Mateo Rodríguez, de San Marcos.

Cristino Rodríguez, de Brownwood.

José Sánchez, de Encinal.

Eduardo Terrazas, de San Antonio.

"La Prensa" (San Antonio TX) Monday 11 Feb 1918 p 2

# VARIOS TEXANOS DE LAREDO SON DE LOS SALVADOS IBAN PARA EUROPA EN EL BARCO "TUSCANIA"

Telegrama Especial para LA PRENSA.

LAREDO, Texas, Febrero 11.—De las informaciones recibidas en esta ciudad, se desprende, de una manera cierta, que entre los supervivientes del "Tuscania," se encuentran varios ciudadanos de Laredo y de puntos comarcanos.

De los ciudadanos reclutados en Laredo, se cuentan Librado Navarro y José Hernández, quienes habían marchado hacia el campamento Travis entre todos los ciudadanos que formaron el primer contingente que Laredo dió al ejército.

También se han recibido noticias de que entre los supervivientes, que pertenecen a los individuos reclutados en esta sección, están Margarito Macias y Federico Molina, de Benavides, y José Sánchez, de Encinal.





## **TWO LAREDO MEN IN THE LIST; ALSO OTHERS FROM NEARBY**

---

**LIST OF SURVIVORS OF TUSCANIA  
DISASTER GIVEN OUT.**

---

**One Young Man from Encinal and  
Two From Benavides Are Also  
Among the Survivors.**

---

The War department on Saturday evening gave out a list of the survivors of the transport Tuscania, which was loaded with American troops when torpedoed off the Irish coast last week by a German submarine. This list proved the source of much relief to anxious relatives of the American soldiers aboard the ill-fated transport, most of whom were members of the Michigan and Wisconsin

national guard, while there were a large number of Texas and Oklahoma men aboard, these being drafted men in the national army and assigned to the regiments aboard the transport.



One Laredo young man, Librado Navarro, drafted from this county, is among the survivors announced in the list, while there are two young men from Benavides, Margarito Macías and Federico Molina, and one from Encinal, La Salle county, Jose Sanchez, also in the list of survivors. The list of those lost in the disaster has not yet been announced, and consequently relatives having soldiers aboard the transport when the vessel was torpedoed will feel anxious for news regarding the list of missing, or their fate.

### **Another Laredo Boy Saved.**

Valentin V. Hernandez, of the Economy Grocery store, yesterday received the following telegram from Adjutant General McCain, this being supplementary to the list published from Washington:

"Washington, Feb. 9. Valentin V. Hernandez, Laredo, Texas: Officially reported that Miguel Hernandez was saved from Tuscania. McCain, the adjutant general."

Thus it will be seen that there were at least two Laredo boys aboard the ill-fated transport when the vessel was struck by a torpedo, and that both are among the survivors.

"Laredo (TX) Weekly Times" Sunday 17 Feb 1918 p 7

# Un sanantoniano superviviente del Tuscania

Envía noticia a su familia

**Se llama Federico Molina  
y es de raza mexicana**

Un sanantoniano, de sangre mexicana, que ingresó a las filas recientemente y que marchó a bordo del Tuscania con destino al frente de batalla donde luchan aliados y teutones, ha enviado noticias a su familia de haber salido con vida de la catástrofe del Tuscania y de haber llegado sin novedad a playas inglesas.

Nos referimos a Federico Molina, de quien se creyó en un principio que había sido una de las víctimas del torpedeamiento del transporte de guerra americano por un submarino teutón cerca de la costa de Irlanda.



### Buenas noticias.

Don Nicolás Molina, padre de Federico, recibió ayer una carta suscitada por su hijo, "desde cierto lugar de Inglaterra," en la cual le envía buena nueva de haber llegado sin novedad ninguna en su persona, a playas inglesas, después del ataque al *Tuscania* que causó la muerte de muchos de los soldados que los Estados Unidos enviaban al campo de la gran lucha.

El señor Molina se encontraba ayer sumamente complacido por haber recibido tan buenas noticias directamente de su hijo, pues aún cuando ya se le había noticiado, por informes telegráficos, que Federico se encontraba entre los supervivientes del catástrofe del *Tuscania*, le quedaba algún temor, el que totalmente desaparecido desde ayer, en que recibió letras de su hijo.

### Quién es Molina.

Federico Molina fué reclutado en esta ciudad como consecuencia inmediata de la ley del servicio militar obligatorio. Quedó Molina comprendido entre los hábiles para el servicio militar, pues no podía alegar excepción, toda vez que es ciudadano ame-

(Pasa a la 8a. Pág. Col. 5a.)

## UN SANANTONIANO SUPERVIENTE DEL TUSCANIA.

(Viene de la 1a.)

ricano, soltero y sin familia que dependiera exclusivamente de su sostén.

Su padre, el señor Nicolás Molina, vive con su familia en los límites de la ciudad desde hace muchos años, y ayer, inmediatamente después de haber recibido la carta de Federico, se puso en comunicación con nosotros.

Federico Molina debe de estar para estas fechas en territorio francés prestando ya sus servicios al lado de las tropas que bajo el comando del mayor general Pershing prestan su concurso a los aliados en el frente occidental.

"La Prensa (San Antonio TX) Thursday 28 Mar 1918 p 1 -  
<https://www.newspapers.com/image/618119837>

Parents:



Father Nicolas Molina & mother Juanita Saenz Molina – this picture is captioned “wedding day” but since they went on to allegedly have 27 children, the couple pictured seems a little old - <https://www.ancestry.com/mediaui-viewer/tree/58667975/person/330195960620/media/93a870e5-31ea-41ea-8573-383720c3e156>

### **A Molina Story**

**This is a story of Juanita Saenz and her husband Nicolas Molina. Their story begins in Piedras Pintas, a village made up of the family of Juan Sarnz an his wife Refugia. This village was about five miles from Benavides, Texas.**

**Juan Saenz aquired large sections of land to raise cattle and sheep. He would sell wool in large secks and also sell herds of cattle. He came from Mexico with money and bought land. Their children grew up, married, and build homes . This settlement formed the village of Piedras Pintas.**

**Juan Saenz and his wife gave large sections of land to their sons and daughters. Each one had equal shares. One of the daughters named Candelaria married William A. Tinney. Mr. Tinney bought land from my grandpa Nicolas Molina. But the story goes that the last four hundred acres of my grandpa land was supposed to have been a mortgage, but M. Tinney made him a bill of sell. Mr. Tinney gave grandpa one dollar an acre for his land.**

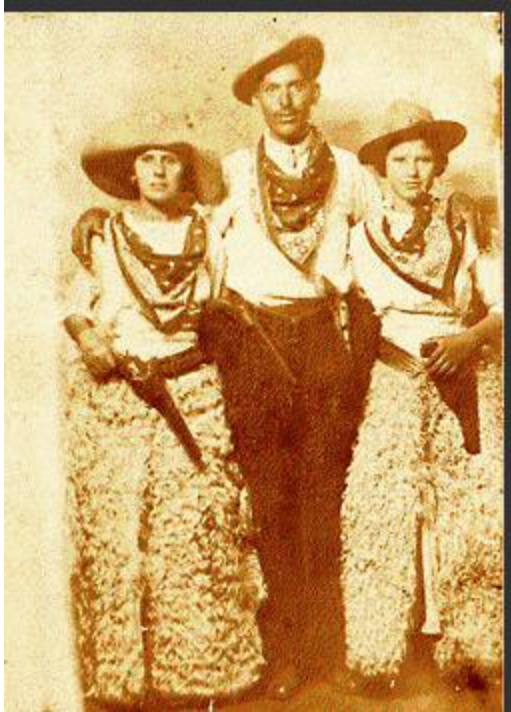
**When this happen, my grandpa just picked stakes and left with his family for San Antonio. Here he bought land south of the Medina River in Losoya, Texas.**

**By: Horace Huron**

<https://www.ancestry.com/mediaui-viewer/tree/58667975/person/330195960620/media/532569e1-2cb9-497a-b8c6-814927712ec0>

When Jose Nicolas Molina was born on February 3, 1850, in Agualeguas, Nuevo León, Mexico, his father, Juan, was 23 and his mother, San, was 19. He married Francisca "Juanita" Saenz (Serna) (DeLaGarza) and they had 27 children together. He also had one son from another relationship. He died on April 23, 1922, in San Antonio, Texas, at the age of 72.

<https://www.ancestry.com/family-tree/person/tree/58667975/person/330195960620/story>



## Nicolas and Herminia Molina

📅 1880s

📍 Texas, USA

Nicolas & Herminia Molina and a friend dressed up as cowboys, guns and all. (Herminia is on the left of this photo)

<https://www.ancestry.com/mediaui-viewer/tree/58667975/person/330195960620/media/b5cfb87f-8c32-4912-b7f8-26264e94afc3>

Siblings:



brother Anselmo Molina (1883-1933) – Find A Grave

174791969





Sister Refugia Molina (1884-1953) on her wedding day with Jose del Carmen Huron – Find A Grave 130414805 and



## Wedding of Carmel Huron & Refugia Molina

📅 1910

📍 El Carmen Church Losoya, Texas.

Carmel (a.k.a.) Jose Del Carmen &  
Refugia (Molina) Huron.



**Laura Molina** originally shared this  
on 12 jul 2010

<https://www.ancestry.com/mediaui-viewer/tree/58667975/person/330195960620/media/f9c3c2d4-1446-41d8-8b8a-7c6a8b8ffdeb>



Brother Juan S. Molina (1889-1963) – Find A Grave 131410005



brother Nicolas Molina Jr. (1888-1956) - <https://www.ancestry.com/mediaui-viewer/tree/58667975/person/330196161029/media/5ab28aaf-8507-4f6d-b6c4-af9ec98c7b7c>



Sister Inez Molina Reyes (1891-1953) – Find A Grave 131411952



## Herminia Molina and Cristian Molina



Daughter and son of Nicolas Molina  
and Juanita Saenz



ramolin originally shared this on 16  
May 2010

Sister **Herminia Molina** (is this Federico's twin sister AKA Anastasia? – and **brother Cristian Molina** (1894-1955) - <https://www.ancestry.com/mediaui-viewer/tree/58667975/person/330195960620/media/bd23d5cc-1d26-4a1a-9321-ea4bb239a451>

**Detail** Source

|              |                                                   |
|--------------|---------------------------------------------------|
| Name:        | Ines Molina Hernandez<br>[Ines Molina Molina]     |
| Gender:      | Female                                            |
| Race:        | White                                             |
| Birth Date:  | 20 Oct 1891                                       |
| Birth Place: | San Antonio, Texas                                |
| Father:      | <a href="#">Nicolas Molina</a>                    |
| Mother:      | <a href="#">Juanita Saenz</a>                     |
| SSN:         | 467128404                                         |
| Notes:       | Mar 1939: Name listed as INES MOLINA<br>HERNANDEZ |

## Ines Molina Hernandez

in the U.S., Social Security Applications and Claims Index, 1936-2007

<https://www.ancestry.com/discoveryui-content/view/13687072:60901>

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STATE OF TEXAS  
CERTIFICATE OF DEATH  
STATE FILE NO. 34278

1510 17

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                        |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bexar</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)<br>a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b> |                                          |
| b. CITY (If outside corporate limits, write RURAL and give precinct no.)<br>OR<br>TOWN <b>San Antonio</b>                                                                                                                                                                                                                                                                                                                                                                         |                               | c. CITY (If outside corporate limits, write RURAL and give precinct no.)<br>OR<br>TOWN <b>San Antonio</b>                              |                                          |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>502 Mc Leary</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | d. STREET ADDRESS (If rural, give location)<br><b>502 McLeary</b>                                                                      |                                          |
| 3. NAME OF DECEASED<br>a. (First) <b>Inez</b> b. (Middle) <b>M.</b> c. (Last) <b>Reyes</b>                                                                                                                                                                                                                                                                                                                                                                                        |                               | 4. DATE OF DEATH <b>July 23, 1953</b>                                                                                                  |                                          |
| 5. SEX <b>female</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>                                                                  | 8. DATE OF BIRTH <b>October 20, 1891</b> |
| 9. AGE <b>61</b> YEARS <b>9</b> MONTHS <b>3</b> DAYS                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homework own home</b>                    |                                          |
| 11. BIRTHPLACE (State or foreign country) <b>Benavides, Texas</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | 12. MOTHER'S MAIDEN NAME <b>Juanita Saenz</b>                                                                                          |                                          |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                               | 14. SOCIAL SECURITY NO. <b>none</b>                                                                                                    |                                          |
| 15. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probably Cancer of Stomach.</b><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                               | 16. MEDICAL CERTIFICATION<br><b>Probably Cancer of Stomach.</b><br>INTERVAL BETWEEN ONSET AND DEATH                                    |                                          |
| 17a. DATE OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | 17b. MAJOR FINDINGS OF OPERATION                                                                                                       |                                          |
| 18a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | 18b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                               |                                          |
| 19a. TIME OF INJURY (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | 19b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                 |                                          |
| 20a. I hereby certify that I attended the deceased from <b>7-19</b> , 19 <b>53</b> , to <b>7-19</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>7-19</b> , 19 <b>53</b> , and that death occurred at <b>9</b> a.m., from the causes and on the date stated above.                                                                                                                                                                                                   |                               | 20b. ADDRESS (Degree or title) <b>428 International Bldg.</b>                                                                          |                                          |
| 21a. SIGNATURE <b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | 21b. DATE SIGNED <b>7-24-53</b>                                                                                                        |                                          |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | 22b. DATE <b>July 25, 1953</b>                                                                                                         |                                          |
| 23a. LOCATION (City, town, or county) <b>Bexar County, Tex.</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | 23b. NAME OF CEMETERY OR CREMATORY <b>villa del Carmen Cem.</b>                                                                        |                                          |
| 24a. REGISTRAR'S FILE NO. <b>2439</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | 24b. DATE REC'D BY LOCAL REGISTRAR <b>JUL 25 1953</b>                                                                                  |                                          |
| 25a. REGISTRAR'S SIGNATURE <b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | 25b. REGISTRAR'S SIGNATURE <b>[Signature]</b>                                                                                          |                                          |

TX death record of sister **Inez Molina Hernandez Reyes (1891-1953)** -  
<https://www.ancestry.com/discoveryui-content/view/23567836:2272>

**Name: Federico Molina**

Name variations: Frederick Molina (Tuscania & return passenger list), Federico (in online family trees)

**Military:**

On Tuscania: Camp Travis Det. 2, Casuals - private

Serial number: 251,543

Entered service from: Benavides, Duvall TX

Sailed on "Tuscania" as: Frederick Molina

Next-of-kin on "Tuscania": father Nicolas Molina, Benevides TX

Returned from war on: "George Washington" Jun/Jul 1919

Sailed on return ship as: Frederick Molina



Next-of-kin on return ship & rank: father Nicolas Molina, Losabye (Losawxe?) TX (pvt, Salvage Squad 9)

World War I draft registration (1917): b. 5 Jul 1894 San Diego TX; res: Bexar Co. TX

National Tuscania Survivors Association (1939): Kingsville TX

World War II draft registration (1942): b. 5 Jul 1894 Benavidez TX; res: Corpus Christi, Nueces TX

Veterans Administration Military Index: as Frederick Molina

Enlisted: 4 Nov 1917

Discharged: 18 Jul 1919

Address: 416 Furnish Ave., San Antonio TX

Rank/unit: private, Co. B, 116<sup>th</sup> Supply Train

TX WWI military record:

Frederick Molina, serial 251543, race: white, resident of Corpus Christi Road, San Antonio, Bexar TX. Inducted into Army at San Antonio TX on 31 Oct 1917 at age 23 years. Born Benevidis [sic] TX. In 165<sup>th</sup> Depot Bridge to 15 Apr 1918 – in Co. B, 116<sup>th</sup> Supply Train to 24 Apr 1918 – In QMC Salvage Squadron #9 to discharge. Rank: private. Overseas 27 Jan 1918 to 8 Jul 1919. Discharged 18 Jul 1919. 0% disabled.

#### Birth & death:

Born: 5 Jul 1894 San Diego/Benavides, Duval TX

Died: 22 Nov 1967 San Antonio, Bexar TX

Find A Grave record: 131412396 – photo – presence on Tuscania indicated in flower

Burial location: Losoya, Bexar TX

Cemetery: El Carmen

Tombstone:

Father: Nicolas Molina, 2 Sep 1850 Agualeguas Municipality, Nuevo León, Mexico – 23 Apr 1922 San Antonio, Bexar TX. Son of Narciso Molina & Maria San Juana Serna. He was baptized 9 Sep 1850 at age 9 days. Buried in San Fernando Cemetery #2, San Antonio, Bexar TX.

Find A Grave: 229704321

Mother: Francsica Juanita/Juana Saenz Molina (also listed as Serna & De La Garza online), Mar 1862 Benavides, Duval TXZ – 19 Dec 1927 San Antonio, Bexar TX. Buried in San Fernando Cemetery #2, San Antonio, Bexar TX.

Find A Grave: 135642880

Parents' marriage: 1873 (in an online family tree). The same tree claims the couple was married 5 Feb 1868 in Granada, Andalusia, Spain – which seems unlikely considering they lived in Mexico & Texas.

Spouse: Ernestina (Erna) Molina Molina, 10 Nov 1900 (Find A Grave) but 10 Nov 1901 (TX death record) – 25 Nov 1957 San Antonio, Bexar TX. Daughter of Jesus Molina (b. TX) & Adele Saenz (b. TX). – In 1920, Ernestina MOLINO, age 17, lived with her mother Adela De M. Saenzin Kingsville, Kleberg TX. – A resident of 120 Ripford St., San Antonio TX at the time of her death, she had a surgical

operation on 6 Nov 1957 & died 19 days later of breast cancer, complicated by terminal congestive heart failure. Buried in El Carmen Cemetery, Losoya, Bexar TX.

Spouse Find A Grave: 142414616

Marriage: ca. 1923 – in the 1930 census, Federico, age 32, says he was married for the 1<sup>st</sup> time at age 25, which would be 7 years previous

#### Children:

- Gilberto Molina, 4 Feb 1925 Kingsville, Kleberg TX – Jul 1955. SSN 463-28-2717. Attended Lanier High School in San Antonio TX as of 1940. A Gilberto Molina died in NYC, NY on 15 Jul 1955 – the same man?
- Jesus Molina, 8 Nov 1926 San Antonio, Bexar TX – 24 Mar 1997. SSN 460-30-1042. Husband of Josephine L. (b. 1937, F: 222735018). Master sergeant in the US Air Force in Korea & Vietnam. Buried in Laurel Oaks Memorial Park, Mesquite, Dallas TX. F: 146689975.
- Dora Molina Procapia Tejeda, 17 Jul 1931 San Antonio, Bexar TX - . Wife of Procapio Moran Gutierrez whom she married 25 Jun 1950 in TX & divorced 12 May 1976 in Bexar Co. TX. Their children were James Eric Gutierrez (b. 30 Apr 1953) & Edna M. Gutierrez (b. 13 Aug 1958) & Gilbert M. Gutierrez (b. 9 Mar 1960), all born in Bexar Co. TX. – Dora Molina Gutierrez & George Garcia Tejeda applied for a marriage license in Bexar Co. TX on 26 Nov 1983 & married there on 3 Dec 1983. – George (1922-2000, F: 64470826), the son of Severiano G. Tejeda & Agnes Garcia, had married in Sep 1973 in Bexar Co. TX to Maria De Los Angeles Sanchez; they divorced 28 Oct 1981 in Bexar Co. AZ.

Siblings: Online sources report his parents had 26 children, with his father having an additional child by a different relationship. The names below are those found in online family trees, on Find A Grave and in early censuses. However, mother Juanita reports giving birth to 17 children, 14 of whom are living, in both the 1900 & 1910 censuses.

- Frutoso Molina, 9 May 1874 TX – 18 Sep 1938 TX – 18 Sep 1938 Atascosa, Bexar TX.
- Benjamin (“Ben”) Molina, 28 Nov 1875 Duval Co. TX or Atascosa, Bexar TX – 30 Jan 1943 San Antonio, Bexar TX. Buried in El Carmen Cemetery, Losoya, Bexar TX. F: 131413427
- Gregorio Molina, ca. 1876 TX –
- Ernesto Molina, 26 May 1877 Atascosa, Bexar TX – 1931 TX.
- Hermita Molina, ca. 1877 Atascosa, Bexar TX – before 1900 census. Male.
- Viljin Molina, ca. 1878 TX – before 1900 census. Male
- Vincente Bilcen Saenz Molina, 24 Jan 1880 San Antonio, Bexar TX – 25 Mar 1935. In 1906 married Santos Huron (1882-1980, F; 131413622). Buried in El Carmen Cemetery, Losoya, Bexar TX. F: 131413269
- Elisa Molina Martinez, 11 Jan 1880 Benavides, Duval TX – 23 Mar 1952 Bexar Co. TX (according to Find A Grave). Also found on family tree as 16 Mar 1961 San Antonio, Bexar TX. Buried with Pablo L. Martinez (1876-1964) who is not on Find A Grave. Buried in El Carmen Cemetery, Losoya, Bexar TX. F: 131423663
- Anselmo Saenz Molina, 7 Nov 1883 Benavides, Duval TX – 7 Sep 1933 San Antonio, Bexar TX. Married 28 Oct 1917 in Our Lady of Mount Carmel Catholic Church, San Antonio, Bexar Co. TX to Amalia S. Sorola (1889-1985, F: 85917380). Buried in El Carmen Cemetery, Losoya, Bexar TX. F: 174791969
- Refugia (“Cuca”) Molina Huron, 29 Oct 1884 Benavides, Duval TX – 21 Mar 1953 San Antonio, Bexar TX. Married in St. Carmen Catholic Church, Losoya, Bexar TX on 5 Feb 1910 to Jose del Carmen (“Carmel”) Huron (1882-1966, F: 130414805). He was also known as

Carmen or Carmel Uron & was the son of Bibian Huron & Natalia Cuellar. Buried in El Carmen Cemetery, Losoya, Bexar TX. F: 130414977

- Juan S. Molina, 2 Aug 1889 (Find A Grave, but found as 21 Aug 1886 on online family tree) – 23 Feb 1963 San Antonio, Bexar TX. Husband of Rosalinda DeLeon (1900-1940, F: 131410555). Buried in El Carmen Cemetery, Losoya, Bexar TX. F: 131410005
- Nicolas Molina Jr., 3 Feb 1888 Benavides, Duval TX – 8 Jul 1956 San Antonio, Bexar TX. “La Prensa” (San Antonio TX) Friday 8 Feb 1918 p 5 notes a marriage license was applied for by Nicolas Molina Jr. & Juana Zorola. (Meantime, newspapers are full of the news of the sinking of “Tuscania.”) Buried in El Carmen Cemetery, Losoya, Bexar TX. F: 131020359
- Leonides Molina, 1 Oct 1890 (Find A Grave or Oct 1889) San Antonio, Bexar TX – 2 Aug 1960 Bexar Co. TX. Buried in El Carmen Cemetery, Losoya, Bexar TX. F: 131411602
- Ynes (Inez) Molina Hernandez Reyes, 20 Oct 1891 Benavides, Duval TX – 23 Jul 1953 San Antonio, Bexar TX. Social Security records surname as Hernandez, then as Reyes as of Oct 1965. Buried in El Carmen Cemetery, Losoya, Bexar TX. F: 131411952
- Cristan Molina, 28 Sep 1894 (Find A Grave, also found as 1892 in family tree) Bexar Co. TX – 26 Nov 1955 TX. Buried in El Carmen Cemetery, Losoya, Bexar TX. F: 131412125
- Anastacica/Anastacia Erminia/Ermina Bexar – or this the Herminia listed as a sister? – twin of Federico, born 5 Jul 1894 Benavides, Duval TX. Unable to trace; there are numerous women named “Herminia Molina” who marry a variety of men.

#### Questionable:

- Inez Molina, 17 Mar 1895 TX – 4 Oct 1973 Los Angeles Co. CA. SSN 558-30-2115. Although listed as a daughter of Nicolas in some online family trees, Inez is the daughter of Jose & Tomassa Molina. She was apparently confused with Ynes, born Oct 1891. She had children by Auerelio Caldera & Felix Chavez. She is not listed in the 1900 census with the Nicolas & Juanita Molina family.
- Anselma Molina, ca. 1896 TX - Female. Not listed in the 1900 census with the Nicolas & Juanita Molina family.

Notes: Online reports that he had a child – a son named Luis Hernandez Molina – born 19 Aug 1928 in San Antonio, Bexar TX by Fortina Hernandez are false. Luis’s father Federico Molina was born in Mexico & younger than this Federico. Luis, SSN 461-44-5874, died 31 May 1990.

#### Pre-war:

#### Wartime:

"Laredo (TX) Weekly Times" 17 Feb 1918 p 7 - Federico Molina of Benavides TX safe

"Fort Worth (TX) Star-Telegram" Sunday 10 Feb 1918 p 1 – among the survivors: Molina, Frederick, Benavides TX

#### Post-war:

1941 Corpus Christi TX city directory

Molina, Federico (Ernestina), 3 laborer, resident of 1725 Howard, Apt. 4

## Obituary:

"San Antonio (TX) Express" 24 Nov 1967 p 62 - age 73, res: 120 Ripford St., San Antonio TX, funeral 24 Nov, burial Villa Del Carmen Cemetery, survived by daughter Mrs. Procapio M. Gutierrez (San Antonio) & son Jesus Molina (US Air Force)

Social Security number: 451-18-5144

## Censuses:

1900 Justice Precinct 2, Duval Co. TX

Nicolas Molina, 48 Mexico, Feb 1852, parents b. Mexico, married 27 years, emigrated 1870, in US for 30 years, papers filed, farmer

Juana, 49 TX, Mar 1856, parents b. Mexico, gave birth to 17 children, 14 are living [and 14 are listed here]

Frutozo, 26 TX, May 1874, laborer (farm)

Benjamin, 24 TX, Nov 1875, salesman [next word illegible]

Earnest, 23 TX, May 1877, laborer (farmer)

Bilcen, 21 TX, Jan 1879, laborer (farmer)

Eliza, 19 TX, Jan 1881, laborer (farmer)

Anselmo, 17 TX, Nov 1882, laborer (farmer)

Refugio, 15 TX, Oct 1884

Juan, 13 TX, Aug 1886, laborer, farm

Nicolas, 12 TX, Feb 1888

Lionires, 10 TX, Oct 1889

Ynes, 8 TX, Oct 1891

Cristan, 7 TX, Sep 1892

Frederick, 5 TX, Jul 1894

Erminia, 5 TX, Jul 1894

[all the children are single]

1910 Justice Precinct 6, Bexar Co. TX

Nicolas MOLINO, 57 Mexico/Spanish, parents b. Mexico/Spanish, married 37 years, farmer, general farm

Juana, 54 TX, parents b. Mexico/Spanish, gave birth to 17 children, 14 are living

Ben, 34 TX, single, salesman, dry goods

Ernesto, 32 TX, single, farm labor, home farm

Anselmo, 27 TX, single, farm labor, home farm

Juan, 23 TX, single, farm labor, home farm

Nicolas, 21 TX, single, farm labor, home farm

Lionidas, 19 TX, single, farm labor, home farm

Inez, 17 TX, single, occupation: none

Christan, 16 TX, single, farm labor, home farm

Fredericko, 15 TX, single, farm labor, home farm

Anastacia, 15 TX, single, farm labor, home farm

1920 Justice Precinct 2, Bexar Co. TX

Nicolas Molina, 67 Mexico, parents b. Spanish/Mexico, emigrated 1870, alien [no occupation listed]

Juaneta, 64 TX, parents b. Mexico, emigrated 1870, alien

Eneace, 26 TX [daughter, i.e. Ynes]

Leonetas, 28 TX, laborer, general farm [son]

Creston, 25 TX, laborer, general farm [son]

Fred, 24 TX, laborer, general farm [son]

Almeno, 24 TX [daughter]

[all the children are single]

1930 San Antonio, Bexar TX – 224 Eldorado St. – conducted 16 Apr 1930

Federico MOLINO, 32 TX, age 25 at 1<sup>st</sup> marriage, teamster, street cleaning, reports he was not a veteran

Eunice, 26 TX, age 19 at 1<sup>st</sup> marriage

Gilberto, 5 TX

Jesus, 3 years 6 months TX

1940 Kingsville, Kleberg TX – 431 Ella Ave. – same place in 1935

Fred G. MALINA, 45 TX, no occupation listed

Ernestina, 38 TX, seamstress, WPA

Gilberto, 15 TX

Jesus, 13 TX [indexed as Jesua]

Dora, 8 TX