

Registration District No. ....  
Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital - Max C. Starkloff  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS  
(If outside city or town limits, write "RURAL")

(c) City or town ST LOUIS  
(If rural, give location)

(d) Street No. Unknown

Memorial 28

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM H. MOTLEY Jr.

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st  
year 1947 hour 3:15 minute A M.

21. I hereby certify that I attended the deceased from 7/18/47  
19..... to 8/1/47 19.....  
that I last saw him alive on 8/1/47 19.....  
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Asphyxial failure

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased DEC 15 1909  
(Month) (Day) (Year)

Due to sepsis

Due to Chronic glomerulonephritis

Other conditions: Diabetes mellitus  
(Include pregnancy within 3 months of death)

Major findings: Hypertension

Of operations 61

Of autopsy.....

PHYSICIAN W. J. ...

Underline the cause of which death should be charged statistically.

8. AGE: Years Months Days If less than one day

37 8 0 ..... hr. .... min.

9. Birthplace CLARKSVILLE Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation BARBER

11. Industry or business OWN.

12. Name WILLIAM H. MOTLEY

13. Birthplace LINCOLN Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name MARION BEUCHAMP

15. Birthplace CLARKSVILLE Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant GRACE MOTLEY

(b) Address SUMMER HILL, Ill.

17. (a) BURIAL (b) Date thereof AUG. 3 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLARKSVILLE MO

18. (a) Signature of funeral director ROWLAND FUNERAL Ser.

(b) Address 4355 WASHINGTON AV

19. (a) AUG 5 1947 (b) J. ...  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)

23. Signature Robert ... MD while at work..... (a) Name of physician  
1515 Lafayette (8/1/47) (b) Address

Address..... Date signed.....

MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

..... Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3917

P. O. Address ST LOUIS MO.

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

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