

Registration District No. **791** Primary Registration District No. **1003**

Registrar's No. **5122**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Alexian Bros. Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3660 Salina St.
(e) If foreign born, how long in U. S. A. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1940 hour 9 minute 40 P. M.
21. I hereby certify that I attended the deceased from Dec 16, 1939 to June 9, 1940.
that I last saw him alive on June 9, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration _____

3. (a) PRINT FULL NAME Fred Motley
3. (c) Social Security No. 340
3. (b) If veteran, name war No. _____ 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Winifred 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Feb. 9 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Washington Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shop Man - R.R.

11. Industry or business _____

12. Name of father James Motley
13. Birthplace Kentucky
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Clifford Motley
(b) Address DeSoto, Mo.

17. (a) Removal (b) Date thereof 6-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) Jun 11 1940 (b) _____
(Date received local registrar) (Registrar's signature)

Due to Arteriosclerosis - Hypertension
Diabetes Mellitus

Other conditions 51
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy not performed

22. If death was due to external causes, in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

SIGNED BY THE LICENSEE _____ (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature L. J. Hayden (M. D. or other) M.D.
Address 5899 Salina Date signed 6/11/40

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

STATEMENT BY LICENSED EMBALMER

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

....., Registered Apprentice No.
working under my personal supervision.

Signed *Guy W. Wilkinson*

Licensed Embalmer No. 2575

P. O. Address

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, above space should be left blank.