

FILED MAR 15 1943 318

Registration District No.

Primary Registration District No. 1000

Registrar's No. 2125

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: 2725 N. Taylor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis, Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2725 N. Taylor
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY GIL MOTRE

3. (b) If veteran, name war na. 3. (c) Social Security No. na.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Aug 9 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 18 If less than one day .hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Rice Hunter

(b) Address 2725 N. Taylor

17. (a) Removal (b) Date thereof 3-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Little Rock, Ark.

18. (a) Signature of funeral director Henry Smith

(b) Address 4247 W. Babcock Ave

19. (a) MAR 5 1943 (Date received local registrar) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 27 day 1943
year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2 mo 27 A.M. 1943, to 5 mo 27 P.M. 1943
that I last saw h. alive on 27 of Feb, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to.....
Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?

While at work (Specify type of place) (c) Means of injury.....

23. Signature J. B. Bredeck (M. D. or other) 3-3-43
Address 4452 Remondy St Date signed 3-3-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*
Licensed Embalmer No..... *2114*

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, fact should be so stated above.