

**D MAR 20 1943**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
**Lutheran Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **3 days**  
(Specify whether

In this community..... **Life** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Louis Mottel**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife..... **Frances Mottel** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **June 29, 1868**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>8</b>	<b>9</b>	hr. min.

9. Birthplace..... **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Unknown**

13. Birthplace..... **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Julie Mottel**  
(b) Address..... **5463 Delmar Blvd.**

17. (a) (b) Date thereof..... **3 11 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Pickers Cemetery**

18. (a) Signature of funeral director..... **Frank Hildebrand Co.**  
(b) Address..... **3634 Gravois Ave.**

19. (a) **MAR 10 1943** **J. P. Crebeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis,**  
**912**

(c) City or town..... **St. Louis,**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **5463 Delmar Blvd.**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**  
year **1943** hour **11** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Nov-15-**  
**1942** to **3-8-** **1943**  
that I last saw him alive on **3-8-** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Embolism of brain**

Due to..... **Arterial Sclerosis**

Due to..... **senility**

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)  
(e) Means of injury.....

23. Signature..... **L. P. Murray** (M. D. or other)

Address..... **900 - Rumbell** Date signed..... **3-9-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 Robert C. Wheeler  
Licensed Embalmer No. 2178  
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.**