

FILED JUL 13 1943

1818

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 mo 19 das.  
(Specify whether years, months or days)  
 In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009  
 (c) City or town St. Louis 75  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5837 Gates  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME IDA MOTTS

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 22 1888  
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name John Strohl  
 { 13. Birthplace unknown Germany 4  
(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 Thelma A. Dangler  
 (b) Address 5300 Arsenal St.

17. (a) Burial (b) Date thereof July 2 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director Edw. F. Home  
 (b) Address 8319 Halle Ferry Rd.

19. (a) JUL 1 1943 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
 year 1943 hour 12:55 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 10 1943 to June 29 1943;  
 that I last saw her alive on June 29 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 5-10-43  
Urinary Retention 4 das.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

X autopsy yes

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 Edward Ascher (M. D. or other) M.D.  
 Address 5400 Arsenal St. L. Date signed 7/30/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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.**