No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28048

Registrar's No. 7174

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 170
(c) City or town Wellsville (If outside city or town limits, write "RURAL") 2
(d) Street No. NR (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Clarence Edgar Mottaz
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased 1 (Month) 20 (Day) 1892 (Year)

8. AGE: Years 56 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Calloway (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Jules Mottaz
13. Birthplace Lasalle Co (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rose Wilbanks
15. Birthplace Macoupin Co (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mabel Mottaz
(b) Address Wellsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wellsville Mo
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) AUG 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 12 year 1948 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from Aug 7, 1948, to Aug 12, 1948 that I last saw him alive on Aug 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration
Due to Thrombophlebitis of Leg Veins
Due to
Other conditions (Include pregnancy within 3 months of death) Prostatectomy - Prostatectomy
Major findings:
Of operations
Of autopsy As above.

PHYSICIAN: Underline the cause to which death should be charged statistically.

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)
While at work Means of injury
23. Signature Robert E. Cook (M. D. or other) M.D.
Address 3720 Washington Date signed 8-13-48

(Licensed Embalmer's Statement on Reverse Side)

MAY 4 1949

7174

OCT 22 1949

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 J. Allen Daniel

Licensed Embalmer No. 4053

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.