

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39095

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9650			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3329 LUCAS AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>11-3329 LUCAS AVE.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u>			b. (Middle)			c. (Last) <u>Motley</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>11 4 1949</u>		5. SEX <u>F 3</u>		6. COLOR OR RACE <u>Cal</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>Oct 7 1912</u>	
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Memphis Tenn.</u>			12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Leander Reed</u>			13b. MOTHER'S MAIDEN NAME <u>Electa Howard</u>			14. NAME OF HUSBAND OR WIFE <u>Wm Motley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Electa Reed</u>				ADDRESS <u>3329 Lucas</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myo-carditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatism</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>yes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo. 54a</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>fall</u>					
22. I hereby certify that I attended the deceased from <u>Aug 25</u> , 19 <u>49</u> to <u>Oct 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 4</u> , 19 <u>49</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. B. Lasater</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>1015 W. Garrison</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington St.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo. Ind.</u>			
DATE REC'D BY LOCAL REG. <u>11 8 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert F. Walton</u>		ADDRESS <u>2701 Stoddard</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Arthur L. Hilliard

Licensed Embalmer No. *4281*

P. O. Address *4049 St. J...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.