

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

59-015461  
State File No. ....

Registrar's **2 3743**

**MAY 11 1959**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's <b>2 3743</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (If in place) <b>1 day</b>		c. CITY OR TOWN <b>lovejoy</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>(DOA) City Hospital #1</b>				e. STREET ADDRESS (If rural, give location) <b>315 South 4th St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b>		b. (Middle) _____		c. (Last) <b>MOTLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1959</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 25, 1891</b>	
9. AGE (In years last birthday) <b>67</b>		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) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>railroad</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Little Rock, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Motley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify or unknown) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>355-03-8780</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dorothy Motley-315 So. 4th St.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Pneumonia</b></p> <p>ANTECEDENT CAUSES <b>Heart Disease with left and right heart failure and superimposed acute bacterial bronchitis.</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS <b>marked</b></p> <p>Conditions contributing to the death (b) and related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4/4X</b>		20. AUTOPSY? YES <input checked="" 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:00 p.m.</b> , from the causes and on the date stated above.							
22a. SIGNATURE <b>Robert M. Smith</b> (Degree or title) _____				22b. ADDRESS <b>1300 Claes</b>		22c. DATE SIGNED <b>4/16/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-20-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 16 59</b>		REGISTRAR'S SIGNATURE <b>Robert M. Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Marshall Funeral Home-E. St. Louis, Ill</b>			

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.....  
Signature of Student Embalmer

Signed *Thomas M. Rabson*.....

Licensed Embalmer No...4479..

P. O. Address East St... LOU

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.