

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15510 ~~15241~~  
File No. ~~15241~~  
Registered No. 4453  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Towship \_\_\_\_\_ Primary Registration District No. **1008**  
City St. Louis, Mo. (No. Lutheran Hosp.)

**2. FULL NAME**

Levi M. Motter  
(a) Residence. No. 3430 So. Jefferson St., 24 Ward.  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4 - 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>77</u>	<u>8</u>	<u>20</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Snow Manufacturer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) New Jersey

10. NAME OF FATHER Sam. B. Motter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

12. MAIDEN NAME OF MOTHER Mary E. Oehl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

14. INFORMANT Glyde M. Motter  
(Address) 4502 Mc Kee

15. L. PR FILED 21 1023 Mar E. Stanley  
REC'D REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1928, to Apr 24, 1928, that I last saw h. alive on Apr 21, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Malaria 1928  
Intussusception 1928  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. 8 mos. ds.  
\_\_\_\_\_ (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic blood test  
(Signed) J. L. Keaton, M. D.  
4/24, 1928 (Address) 3430 S Jefferson

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem. DATE OF BURIAL 4-26-1928

20. UNDERTAKER Ziegenhein Bros 2623 Cherokee St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. 60-7.

