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

Do not use this space.

7082

File No. .....

Registered No. 70

1. PLACE OF DEATH

96 County St. Louis

Township Bantamme

City ..... (No. ..... St. ..... Ward)

Registration District No. 785

Primary Registration District No. 6031

2. FULL NAME Louisa W. Motz

(a) Residence, No. Ballwin, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 Philip Motz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3 1863

7. AGE: Years 69 Months 4 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Jan. 1932 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellisville, Mo

FATHER

13. NAME Wm Haussels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Louisa Borchering

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louisa Haussels
(ADDRESS) Ballwin, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellisville, Mo DATE Mar. 3 1933

19. UNDERTAKER Schraeberlin
(ADDRESS) Ballwin, Mo

20. FILED 3/1 1933 C. E. Barnett M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1933 to Feb 28, 1933

I last saw he alive on Feb 28, 1933 Death is said to have occurred on the date stated above, at 2:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2/24/33
9300	
8500	
1100	

Other contributory causes of importance:

Cerebral Hemorrhage	2/24/33
Myocarditis	2 yrs

Name of operation None Date of None

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B. S. Hammond, M. D.

(Address) P.O. Glencoe Mo

Given on Rundell Rd

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD