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.

APR 11 1936

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

Do not use this space.

12796

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2849

City St Louis (No. 5342, Itaska St. ..... Ward)

2. FULL NAME Mary J. Motzel

(a) Residence, No. 5342 Itaska ave St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank W. Motzel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 30, 1862

7. AGE: YEARS 73 MONTHS 5 DAYS 13 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nilstadt Ill.

FATHER

13. NAME: George Rupp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Caroline Lauker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Frank Motzel 5342 Itaska ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Peter & Paul DATE: 3-16 1935

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 So Kingshighway

20. FILED MAR 16 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1923, to Mar 13, 1936
I last saw her alive on Mar 13, 1936. Death is said to have occurred on the date stated above, at 7:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
46	
Carcinoma of Stomach	1 yr?

Other contributory causes of importance:

Old Gastric ulcer	30 yrs

Name of operation: Gastro enterostomy Date of: Nov 23-35
What test confirmed diagnosis? Xray etc. 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..... Over
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? .....
If so, specify .....
(Signed) Albert J. Motzel, M. D.
(Address) 2743 No Grand Bl

Note: On Nov 23 - 1935
Patient was operated
upon at St Mary's Hospital
when an inoperable carcinoma of
the pylaric end of the stomach
was found. — A Posterior gastro jejunostomy
was done. — (a palliative measure)

A J Matzel

Dr A J Matzel
2743 N Grand
1-3