

DEC 13 1937

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

39163

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City, **St. Louis** (d) Street No. **4248 Pleasant St.** Registered No. **10150**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME August J. Motts

(a) Residence, No. **4248 Pleasant St.** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Louise Motts (Nee Amon)**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 28, 1888**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 49 8 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**

13. NAME **Barney Motts**
14. BIRTHPLACE (CITY OR TOWN) **Minn.**
(STATE OR COUNTRY)

15. MAIDEN NAME **Augusta Weber**
16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Mo.**

17. INFORMANT **Mrs. Louise Motts**
(ADDRESS) **4248 Pleasant St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Nov. 2** 19**37**

19. FUNERAL DIRECTOR **Math. Hermann & Son**
(ADDRESS) **2161 E. Fair Ave.**

20. FILED **NOV 1 1937** 19 **St. Louis**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 30** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 19** 19**34** to **Oct 30** 19**37**
I last saw him alive on **Oct 30** 19**37** Death is said to have occurred on the date stated above, at **6:02P** m.

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

anemia
Ch. Myocarditis
Ch. Myocarditis
Date of onset **1933?**

Other contributory causes of importance: **None**

Name of operation _____ Date of _____

What test confirmed diagnosis? **Autopsy** 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) **J. P. Predeck**, M. D.
(Address) **4011 Blair Ave.**

STATEMENT BY LICENSED EMBALMER

I, *Samuel Hampton*....., Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*.....

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed *Samuel Hampton*
Licensed Embalmer No. 2967

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.)