

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37924

Do not use this space.

1. PLACE OF DEATH

- (a) County..... 2 Registration District No..... 1008
(b) Township..... 1 Primary Registration District No..... Registered No..... 10254
(c) City..... St. Louis (d) Street No. 3533 Laclade Ave. St.
(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gertrude Stephens Motley

- (a) Residence, No. 3533 Laclade Ave. St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Motley				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1915				
7. AGE YEARS 23	MONTHS 2	DAYS 20	If LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed			
	9. Industry or business in which work was done, as 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) Arkansas				
FATHER	13. NAME Alex Stephens			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas			
MOTHER	15. MAIDEN NAME Jennie Jones			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas			
17. INFORMANT Alberta Stephens (ADDRESS) 3543 Laclade Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Jackson DATE 11/28, 1938				
19. FUNERAL DIRECTOR R. M. C. Green (ADDRESS) 3517 Laclade Ave.				
20. FILED NOV 26 1938 J. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/6, 1938, to 11/21, 1938. I last saw h. e. r. alive on 11/20, 1938. Death is said to have occurred on the date stated above, at 5 P. m. The principal cause of death and related causes of importance were as follows:
Pulmonary T. B. Date of onset 10/4/38

Other contributory causes of importance:
None

Name of operation..... Date of.....
What test confirmed diagnosis? Auscultation 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) W. C. Taylor, M. D. (Address) 3337 Laclade

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, R. M. C. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, 11/21/38

L. E.

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

Signed R. M. C. Green

Licensed Embalmer No. 1173

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.)