

SEP 14 1939

791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

1003

(a) County St. Louis
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME C. H. R. / G. MOTT 300

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 2, 1904.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	35	2	22	hr. _____ min.

9. Birthplace Rosiclare Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Tevis M. Mott

13. Birthplace Hardin County Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Hubbard

15. Birthplace Galatin County Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Tevis M. Mott

(b) Address Rosiclare Illinois.

17. (a) Removal (b) Date thereof 8/7/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosiclare Illinois.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 5 1939 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 2
(c) City or town Rosiclare
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13
year 39 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 7-13
13 1939 8-4 1939
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of abdominal aorta
Hypertension and nephritis

Duration
2 yrs.
4 yrs.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Aneurysm of abdominal aorta
Of operations _____
Of autopsy Aneurysm of abdominal aorta

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bredbeck (M. D. or other)

Address BARNES HOSPITAL Date signed _____

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert J. D'Almeida*

Licensed Embalmer No. *3991*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.