

WHILE FLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of the Friendless
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs.
In this community 25 yrs. (Specify whether years, months or days)

3. (a) PRINT, FULL NAME Isabel S. Mott
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Frederick W. Mott
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 27 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Kelso England
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name A. S. Rutherford
13. Birthplace Kelso Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Cornelia Shackford
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. M. Jones
(b) Address 4431 S. Broadway
17. (a) Burial (b) Date thereof March 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director C. Hoffmeister N. L. Co.
(b) Address 7814 S. Broadway
19. (a) FEB 29 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4431 S. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 yrs. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 28
year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from June, 1936, to Feb. 28, 1940,
that I last saw her alive on Feb 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Recurrent carcinoma of four teeth 1932
Due to _____
Necrosis of skull
Due to recurrent carcinoma
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
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) no
(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 Chas E. Spindler (M. D. or other)
Address 3720 Washington Date signed 2/29/40

W. J. ...
J. W. ...
H. J. ...

9.30

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 Edwin H. Leisinger

Licensed Embalmer No.: 4069

P. O. Address 646 1/2 Chippewa

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.