No. 2
-1-4-41
5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15772

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 845

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 221 W. Washington Ave., 3
(If rural, give location)

(e) Citizen of foreign country? No / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Motley

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male ✓

5. Color or race colored

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Ida King Motley

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

7. Birth date of deceased Aug. (Month) 26 (Day) 1869 (Year)

8. AGE: Years 71 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Kirkwood (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

FATHER
12. Name Ezekiel Motley
13. Birthplace unknown (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Fred Motley
(b) Address 141 Wellington, Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Chas J Gates
(b) Address 4107 Finney Avenue

19. (a) APR 19 1941 (Date received local registrar) (b) R Meyer MD DPH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1941 hour 11 minute :50 A.M.

21. I hereby certify that I attended the deceased from 3-20-41, 19 to 4-14-41, 19;
that I last saw him alive on 4-14-41, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	14 days
Due to: Arteriosclerosis	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 83 P	

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

23. Signature B. G. Strehlman (M. D. or other) MD
Address Co Hosp Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.