

WRITE PLAINLY—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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41999
State File No. _____
Registrar's No. 2793

Registration District No. 114

Primary Registration District No. 300

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Eureka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Eureka
(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

3. (a) PRINT FULL NAME DANIEL MOTTBERT
8. (b) If veteran, name war no 8. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Dec day 28
year 1942 hour _____ minute _____ M.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MALINDA MOTTBERT 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JAN 5 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-29-42, 19____, to 12-28, 1942
that I last saw him alive on 12-27, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 11 23 hr. _____ min.

Immediate cause of death _____ Duration _____
Due to Gonorrhoeumonia
Due to _____

9. Birthplace ST. ALBANS MO
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy no

10. Usual occupation FARMER

11. Industry or business Own Farm
12. Name Charles Mottbert
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name JULIA (unmarried)
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Mrs. M. Mottbert
(b) Address Eureka

17. (a) COBURG (b) Date thereof 12-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pacific

18. (a) Signature of funeral director Joe L. Shubert
(b) Address Eureka, Mo

19. (a) 12-30-42 (b) C. J. McFarlan
(Date received local registrar) (Registrar's signature)

23. Signature A. Brock (M. D. or other) _____
Address Eureka, Mo Date signed _____

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

Geo. L. Hughes

Licensed Embalmer No. *3008*

P. O. Address

Pacific Mo

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.