

FILED FEB 1 1944 318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 696

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 11 days
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(d) Street No. 3148a Laclede
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia Motley

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

4. Sex Fem 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Monroe Motley 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Abt. 1880
(Month) (Day) (Year)

8. AGE: Years Abt. 63 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Jackson Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name West Ingram

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Cole

15. Birthplace Bell Station Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Dan Ingram

(b) Address 3148 Laclede Avenue

17. (a) Burial (b) Date thereof 1/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Avenue

19. (a) JAN 24 1944 J. F. Brudeck
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1944 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from January 9 1944 to January 20 1944
that I last saw h. er alive on January 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Duration Unknown

Due to _____

Due to _____

Other conditions g s
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature J. E. Smith (M. D. certified)
Address 2601 N Whittier

Date signed 1/22/44

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

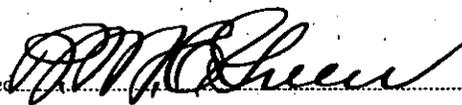
MOTHER FATHER

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 .....

Licensed Embalmer No. 1173

P. O. Address 3517 Soledad Av

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, fact should be so stated above.