S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38838

Registration District No. 319 FILED NOV 20 1944

Primary Registration District No. 6076

Registrar's No. 2321

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

96
10

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 110 St. Catherine St., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Florissant, (If outside city or town limits, write "RURAL") 10

(d) Street No. 110 St. Catherine St., (If rural, give location) 0

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

If yes, name country 0

3. (a) PRINT FULL NAME Felix A. Mottin.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Agatha Mottin

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 23, 1867. (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Florissant, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Francis Mottin
13. Birthplace France 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Fortin
15. Birthplace Don't Know 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agatha Mottin 1

(b) Address Florissant, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14/44. (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) NOV 14 1944 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1944 hour 2.55 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan. 2, 1943, to Nov 12, 1944 that I last saw him alive on Nov. 11, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Bright's Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131	
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 G. C. Ahrens (M.D. ~~or other~~)

Address Florissant, Mo Date signed Nov 12

(Licensed Embalmer's Statement on Reverse Side)

Dr. L.C.Ahrens,
Florissant, Mo.
Orange 5421.

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. Guy W. Wilkinson.

Licensed Embalmer No. 3575

P. O. Address St. Louis, 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, fact should be so stated above.