

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED JUL 22 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **25549**

Registration District No. **318** Primary Registration District No. **1002** Registrar's No. **6100**

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2640 Bernard St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 27 years years, months or days)

**3. (a) PRINT FULL NAME** GEORGE MOTLEY  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** M **5. Color** Col  
**6. (a) Single, widowed, married,** widow  
 divorced \_\_\_\_\_  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if**  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** SEPT 12 1863  
 (Month) (Day) (Year)

**8. AGE:** Years 72 Months 9 Days 29 If less than one day  
 hr. min.  
**9. Birthplace** Columbus Miss  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** Laborer

**MOTHER FATHER**  
**11. Industry or business**  
**12. Name** Harland Motley  
**13. Birthplace** Miss  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Juddie  
**15. Birthplace** Miss  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Julia Motley  
**(b) Address** 2640 Bernard St.  
**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** July 12/46  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation** Greenwood Cem  
**18. (a) Signature of funeral director** F. A. Spear  
**(b) Address** 2915 Franklin Ave.  
**19. (a) JUL 11 1946** **(b) J. F. Brudek**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2640 Bernard St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 8  
 year 1946 hour 12 minute 30 P. M.  
**21. I hereby certify that I attended the deceased from** June 17 46 to July 8 46  
 that I last saw him on July 8 1946  
 and that death occurred on the date and hour stated above.

**Immediate cause of death:** hypertension, cardiac, renal disease  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
**Other conditions** hypertension  
 (Include pregnancy within 3 months of death)

**Major findings:** none  
 Of operations \_\_\_\_\_  
 Of autopsy none

**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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_  
**23. Signature** J. F. Brudek (M. D. or other) 7/9/46  
 Address 3212 Parmital Date signed \_\_\_\_\_

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

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**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: *G. A. Stear*.....

Licensed Embalmer No. *2963*.....

P.O. Address *2915 Franklin Ave.*.....

**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.**