

FILED APR 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 10511  
Registrar's No. 3129

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17  
9

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution..... **Barnes Hospital** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **13 days**  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Illinois** (b) County..... **999**  
(c) City or town..... **Pekin** **11**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No..... **1112 Charlotte** **2**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **Thaddeus Warsaw Mott**

3. (b) If veteran,  
name war.....

3. (c) Social Security No.

4. Sex..... **M** 5. Color or race..... **White**  
6. (a) Single, widowed, married,  
divorced..... **Married**

6. (b) Name of husband or wife..... **Amelia Mott**  
6. (c) Age of husband or wife if  
alive.....

7. Birth date of deceased..... **4 - 1 - 1881**  
(Month) (Day) (Year)

8. AGE: Years Month Day If less than one day  
**66 11 28** hr. min.

9. Birthplace..... **Pekin Ill**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **First aid man**

11. Industry or business..... **Keystone Wire Company**

12. Name..... **Thaddeus W Mott**

13. Birthplace..... **Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Jane Ann Mott**

15. Birthplace..... **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Amelia Mott**

(b) Address..... **Pekin, Ill**

17. (a) **Removed** (b) Date thereof..... **3 - 29 - 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Pekin Ill**

18. (a) Signature of funeral director..... **Rowland Mortuary Service**

(b) Address..... **4104 Manchester Ave.**

19. (a) **MAR 31 1948** (b) **J. F. Braddock**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **29**  
year..... **1948** hour..... **8** minute..... **05** A. M.

21. I hereby certify that I attended the deceased from..... **March 16**  
....., 19 **48** to..... **March 29**....., 19 **48**  
that I last saw him alive on..... **March 29**....., 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **? Carcinoma of  
bronchus**

Due to.....  
Due to..... **H7**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsies.....

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?..... (2) Means of injury..... **0**  
23. Signature..... **F. R. Bradley** (M. D. or other)  
Address..... **Barnes Hospital,** Date signed..... **3/29/48**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

6218

*[Handwritten signature]*

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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 *J. Allen Davis*  
Licensed Embalmer No. *4953*  
P. O. Address *St. Louis*

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.