

FILED DEC 6 1951

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3692

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) St. Clair	
c. LENGTH OF STAY (In this place) 10 days		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. PHS HOSPITAL		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) Elbert			c. (Last) MOTHERSHEAD			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14 1951			
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 15, 1909		9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Thomas		13b. MOTHER'S MAIDEN NAME Mary Themond		14. NAME OF HUSBAND OR WIFE Mrs. Louise Mothershead	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes W.W.A		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Clinical Records of the U.S. PHS Hospital, Kirkwood, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rt. Epidural hematoma; Rt. & left subdural hematoma; Rt. & left Subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 31 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Depressed skull fracture rt. temporal region 11 days	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Brain contusion Pneumonia, rt. lung		11 days unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Franklin County 036 Mo.	
21d. TIME OF INJURY Nov. 3 1951 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell down stairs at 201 1/2 Clark St., Sullivan, Missouri	

22. I hereby certify that I attended the deceased from Nov. 4, 1951, to Nov. 14, 1951, that I last saw the deceased alive on Nov. 14, 1951, and that death occurred at 9:05a m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. C. Sutter</i> E. C. SUTTER, S.A. Surg.		23b. ADDRESS U.S. PHS HOSPITAL, Kirkwood Mo.		23c. DATE SIGNED 11-14-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-16-51		24c. NAME OF CEMETERY OR CREMATORY Prospect		24d. LOCATION (City, town, or county) (State) St. Clair, Missouri	
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DATE REC'D BY LOCAL REG. 11-14-51		REGISTRAR'S SIGNATURE <i>Robert P. Somke</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Miss Casey &amp; Lenox</i>		ADDRESS St. Clair, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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*H. Coomes  
a. W.*

DEC 12 1931

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 \_\_\_\_\_

*Colin Forbes*

working under my personal supervision.

Student Embalmer No. *139*

Signed *Colin Forbes*

Student Embalmer

Signed *R. M. Lenoir*

Licensed Embalmer No. *360*

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.