

FILED NOV 6 - 1953

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REG# 111,021

STANDARD CERTIFICATE OF DEATH

State File No. 37920

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2617

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.			c. LENGTH OF STAY (In this place) 4 DAYS			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EDWARDSVILLE 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				d. STREET ADDRESS (If rural, give location) Rte #1 8			
3. NAME OF DECEASED (Type or Print) a. (First) James			b. (Middle) (NMI)		c. (Last) MOTL		4. DATE OF DEATH (Month) (Day) (Year) 10-8-53
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-18-91	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICKLAYER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (State or foreign country) BOHEMIA		12. CITIZEN OF WHAT COUNTRY? BOHEMIA	
13a. FATHER'S NAME THOMAS MOTL			13b. MOTHER'S MAIDEN NAME ANTOINETTE (UNKNOWN)		14. NAME OF HUSBAND OR WIFE EDNA MOTL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW I (UNKNOWN)		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL FAILURE							4200
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 10-4 , 1953, to 10-8 , 1953, and that death occurred at 3:10 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE R. A. ALLEN (Degree or title) M.D.				23b. ADDRESS VET ADM HOSP., JEFF BRKS, MO.		23c. DATE SIGNED 10-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal motor		24b. DATE 10-9-53		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Edwardsville, Ill.	
DATE REC'D BY LOCAL REG. 10/9/53		REGISTRAR'S SIGNATURE H. Beckert, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE SOUTHERN FUNERAL HOME ADDRESS 6822 S. GRAND BLVD.			

(Licensed Embalmer's Statement on Reverse Side)

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

(I.)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 6522 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.