

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44377

FILED DEC 20 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2900

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Bodestown Brighton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brighton</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Fee Fee Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sarah-Francia Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Walter</u>		b. (Middle) <u>Centenial</u>		c. (Last) <u>Motley</u>	
			Dec. 5 1956		

5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 16, 1902</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 6 HRS.: Hours Min. <u>54</u> <u>4</u> <u>19</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Various</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkwood Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John C. Motley</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Monroe</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> <u>No.</u>		16. SOCIAL SECURITY NO. <u>489-03-9463</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marylon Harvey</u>		ADDRESS <u>2116 1/2 N. Capital Ave</u>	
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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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Hemiplegia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>11 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple Ulcers of legs</u>					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>352X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	
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22. I hereby certify that I attended the deceased from Jan 10, 1955, to Dec 5, 1956, that I last saw the deceased alive on Dec 4, 1956, and that death occurred at 10:58 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Francis S. Alexander MD</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>826 N. Channing</u>		23c. DATE SIGNED <u>12-7-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 8, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-8-56</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donleavy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hemphill</u>		ADDRESS <u>408 S. Fillmore</u>	
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(Licensed Embalmer's Statement on Reverse Side) Kirkwood 22, Mo.

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

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

James A. Dwyer

Licensed Embalmer No. *40884*

P. O. Address *408 S. Greenwood*

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.