

FILED APR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER

15065

3416

Registration District No.

318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp #1		Length of stay in lb 2 days	STREET ADDRESS 189 STREET 4236 Hunt ave. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) GEORGE T. MOTT First Middle Last			4. DATE OF DEATH 4-8-57 Month Day Year		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-10-1874	9. AGE (In years to birthday) 82 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) boiler maker		10b. KIND OF BUSINESS OR INDUSTRY Frisco RR	11. BIRTHPLACE (City and state or country) Graves County, Ken.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Mott			14. MOTHER'S MAIDEN NAME Mary Griffith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Margaret Mott (wife) 4236 Hunt ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Left Hip; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis; DUE TO (c) 904:0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (g) 21					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Suffered at fall in front of his house at 4236 Hunt Avenue. Exact time and date could not be determined.				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 18 In front of home	20e. CITY, TOWN, OR LOCATION St. Louis, Mo.		20f. COUNTY STATE Mo. Ill
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1010 _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Raymond M. DeWitt (Degree or title)			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4/9/57
23a. BURIAL, CREMATION, OR REMOVAL (Specify) burial	23b. DATE 4-11-57	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR ADDRESS Rowland-Aker, 4104 Manchester		25. DATE RECD. BY LOCAL REG. APR 9 '57	26. REGISTRAR'S SIGNATURE Carl Smith Mo mjs		

MEDICAL CERTIFICATION

Health,
Welfare
Public
Service300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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.....
Signature of Student Embalmer

Signed *Homer W. Dutz*.....
Licensed Embalmer No. *388*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.