

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042553

STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 8727

S. 300
1-57
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1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis Clayton</u>		c. CITY OR TOWN <u>Kirkwood</u> <u>47130</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dea County Hosp.</u>		d. STREET ADDRESS <u>523 W. Nonroe</u>	

3. NAME OF DECEASED (Type or print) First <u>Gaston</u> Middle <u>W.</u> Last <u>Motley</u>			4. DATE OF DEATH Month <u>10</u> Day <u>18</u> Year <u>58</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8-7-26</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Various</u>	11. BIRTHPLACE (City and state or country) <u>Kirkwood, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Will Motley</u>	13b. MOTHER'S MAIDEN NAME <u>Bell Andrews</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>668</u> <u>1946</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT <u>Jennie Foster</u>	Address <u>4461 San Francisco</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive blood loss due to traumatic amputation of leg and arm.</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Threw himself under a moving Mo. Pac. Train at the intersection of Ven Buren Ave. and Mo. Pac. R. R. Tracks</u>	
20c. TIME OF INJURY Hour <u>9:05</u> Month <u>10</u> Day <u>18</u> Year <u>58</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R.R. right-of-way</u>	20f. CITY, TOWN, OR LOCATION <u>125</u> COUNTY <u>St. Louis</u> STATE <u>Mo.</u>

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm. H. Davis</u> (Degree or title) <u>3</u> Coroner	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>10/28/58</u>
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23a. BURIAL, CREMATION, OR REPOSAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-24-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo</u>
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24. FUNERAL DIRECTOR <u>A.L. Beal Undertaking-4303 Delmar</u>	25. DATE RECD. BY LOCAL REG. <u>10-24-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Romke</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *A. P. Richardson*

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.