

Registration District No. **791** Primary Registration District No. **1003**

Registrar's No. **5122**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Alexian Bros. Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Fred Motley 340**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Winifred** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb. 9 1871**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **4** Days **0** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Washington Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Shop Man - R.R.**

11. Industry or business \_\_\_\_\_

12. Name of father **James Motley**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clifford Motley**  
(b) Address **DeSoto, Mo.**

17. (a) **Removal** (b) Date thereof **6-12-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DeSoto, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Ave.**

19. (a) **Jun 11 1940** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis 24**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3660 Salina St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**  
year **1940** hour **9** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **Dec. 16 1939** to **June 9 1940**

that I last saw him alive on **June 9 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration \_\_\_\_\_

Due to **Arteriosclerosis - Hypertension**

**Diabetes Mellitus**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy **not performed**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature **L. J. Hayden** (M. D. or other) **M.D.**  
Address **5899 Belmont** Date signed **6/11/40**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 2575

P. O. Address .....

**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, above space should be left blank.