

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: Missouri Baptist Hospital

(d) Length of stay: In hospital or institution 1 day

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis

(d) Street No. 5136 Dresden Ave.

(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Irene Botz

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

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm. G. Botz 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. 21 1902

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd year 1940 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from 2-1-1940 to 2-3-1940 that I last saw her alive on 2-2-1940 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>--</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Lobar pneumonia Duration 2 day

Due to Septic pneumonia

Due to _____

Other conditions childbirth full term delivered 2-2-40

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Dexter Missouri

10. Usual occupation At Home

11. Industry or business _____

12. Name Dont know Thompson

13. Birthplace Dont know

14. Maiden name Dont know

15. Birthplace Dont know

16. (a) Informant's own signature William G. Botz

(b) Address 5136 Dresden Ave.

17. (a) Burial (b) Date thereof Feb. 5, 1940

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director J. N. Gebken & Co.

(b) Address 2630 Gravois Ave.

19. (a) FEB 4 1940 (b) J. B. [Signature]

22. If death was due to external causes, fill 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? _____

While at work? (Specify type of place) _____

(b) Means of injury _____

23. Signature W. R. [Signature] (M. D. or other) _____

Address 2527 S. Broadway Date signed 2-3-40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MOTHER FATHER

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.....

Robert F. Gebken

Registered Apprentice No. **187**

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. **2120**

2842 Laramie St.

P. O. Address **St. Louis, Mo.**

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.