

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis Childrens Hosp.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 months 4 da**  
(Specify whether  
 In this community **life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis** **4**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **66 18 Villa**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12-20** day \_\_\_\_\_  
 year **40** hour **1** minute **25** A.M.  
 21. I hereby certify that I attended the deceased from **10-25**  
 19**40**, to **12-20**, 19**40**.  
 that I last saw her alive on **12-3**, 19**40**.  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**

Due to **cardiac Decompenstion**

Due to **Heart failure**

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

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

Of autopsy \_\_\_\_\_

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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury **1**

23. Signature **J. P. Brodeur** (M. D. or other) \_\_\_\_\_  
 Address **500 So. Kings highway** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Botto, Marian**

3. (b) If veteran, name was **Child** 3. (c) Social Security No. **Child**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Child**

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

7. Birth date of deceased **1 - 22 - 27**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>13</b>	<b>11</b>	<b>7</b>	hr. _____ min. _____

9. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

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

12. Name **David BOTTO**

13. Birthplace **66 18 Villa St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mabel Rogers**

15. Birthplace **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. Adner**

(b) Address **416 S. Kings highway**

17. (a) \_\_\_\_\_ (b) Date thereof **JAN - 2 - 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VAL HALLA**

18. (a) Signature of funeral director **M. J. CROGHAN**

(b) Address **7146 MANCHESTER**

19. (a) **DEC 31 1940** (b) **J. P. Brodeur**  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Francis A. Williamson* .....

Licensed Embalmer No. *3565* .....

P. O. Address..... *7146 Manchester* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**