

No. 2
4-13-40
5-17-39
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13287

State File No. _____

3717

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution TWO WEEKS
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5023 Chippewa
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John P. Botto

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month April day 29th
year 1941 hour 1 minute 05 A.M.

4. Sex Male 5. Color or race White

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

21. I hereby certify that I attended the deceased from March 10, 1941, to April 29, 1941;
that I last saw him alive on 4/28, 1941;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 4, 1872
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
Massive pulmonary congestion & edema

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>0</u>	<u>25</u>	_____ hr. _____ min.

Due to Retropertoneal extravasation of blood

Due to blood

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Benign Prostatic Hyper.

10. Usual occupation Retired Porter 10 years

11. Industry or business _____

12. Name ALBERT BOTTO

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

14. Maiden name Mary - UNKNOWN

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

16. (a) Informant Mrs. G. D. Meyers

(b) Address 5023 Chippewa

17. (a) Burial (b) Date thereof 5-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 Grand Blvd

19. (a) APR 30 1941 (b) J. F. Melick
(Date received local registrar) (Registrar's signature)

Of autopsy Coronary occlusion, massive pul. edema, retroperitoneal extravasation of blood

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) (e) Means of injury _____

23. Signature W. F. Melick, M.D. (M.D. or other) _____

Address Desloge Hosp St. Louis Date signed 4/29/41

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

10
7
9

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.....

Virgil L. Berryman
.....
Licensed Embalmer No. *4018*

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, fact should be so stated above.