

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

791

4475

Registration District No.

Primary Registration District 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: St. Louis City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Days (Specify whether
 In this community Life years, months or days)

3. (a) PRINT FULL NAME Louise Botz
 3. (b) If veteran, name war No
 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow?
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased February 15, 1860
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>28</u>hr.min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name Unknown

13. Birthplace Unknown
 (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 Jim Morrison
 (b) Address St. Louis City Hospital #1.

17. (a) Cremation (b) Date thereof 5-29-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital #1

19. (a) MAY 28 1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 237
 (d) Street No. 605 Allen Avenue (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) Yes
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12,
 year 1941 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from May 7, 1941 to May 12, 1941
 that I last saw h. or alive on May 12, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerotic Heart Disease

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 [Signature] (M. D. or other) _____
 Address 515 Lafayette Avenue Date signed 5/23/41

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.....

Licensed Embalmer No.....

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, fact should be so stated above.