

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **1740 Ballant's**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 days**  
(Specify whether) **2 year**  
In this community **2 year**  
years, months or days

3. (a) PRINT FULL NAME **JAMES BOTTOM**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Feb - 25 1921**  
(Month) (Day) (Year)

8. AGE: Years **20** Months **3** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **None**

11. Industry or business **Nurse**

12. Name **John Walter**  
13. Birthplace **Ill**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emma Grant**  
15. Birthplace **Ill**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Walter**  
(b) Address **2836 Chauvenet**

17. (a) \_\_\_\_\_ (b) Date thereof **Mar 2-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Graceland Ill**

18. (a) Signature of funeral director **Freddie Ford**  
(b) Address **11420 Mich**

19. (a) **JUN 11 1941** (b) **E. J. [Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**  
(c) City or town **St. Louis** **2217**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2836 Chauvenet** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**  
year **1941** hour **4** minute **A.M.**

21. I hereby certify that I attended the deceased from **July 1937** to **May 31 1941**  
that I last saw him alive on **May 30 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Rheumatic heart disease**  
**Mitral & tricuspid insufficiency**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration  
**9 yrs.**  
**5 yrs.**

Other conditions (Include pregnancy within 3 months of death) **0**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **None**

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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Truman S. Drake** (M. D. or other) **0**  
Address **114 N. Taylor Ave.** Date signed **5/31/41**

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

20  
179

4830

4830

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**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 *Oliver E. Fenwick*

Licensed Embalmer No. *4148*

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.**