

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FALL SEP 5 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29394

Registration District No. 784

Primary Registration District No. 116

Registrar's No. 1645

1. PLACE OF DEATH: St. Louis
(a) County: St. Louis
(b) City or town: Valley Park Hi 141
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

3. (a) PRINT FULL NAME: MINNIE BOTT
3. (b) If veteran, name war: No.
3. (c) Social Security No.

4. Sex: Female race: White
5. Color or 6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: JOHN BOTT
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb 8th 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 26 hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: At Home

12. Name: Henry UTER
13. Birthplace: Hamburg Germany (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Hamburg Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Willmarie Bott
(b) Address: 3457 Crittent St.

17. (a) Burial (b) Date thereof: Aug. 6/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Bellefontaine

18. (a) Signature of funeral director: Thos Kutis & Son
(b) Address: 2906 Gravois Ave.

19. (a) AUG 5 1941 (Date received local registrar) E. McGowan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Valley Park 16
(d) Street No: H'Way 141 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th year 1941 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from May 1st/41, 19, to Aug 4/41, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: Arteriosclerosis and senility

Other conditions: 9321 (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 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:
Signature: Clara M. Sebert, MD (M. D. or other) O
Address: Valley Park Date signed: 8/4/41

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

David Milton Tan Fossan, Registered Apprentice No. 280,
working under my personal supervision.

Signed

Thos Lites

Licensed Embalmer No. 1619

P. O. Address 2906 Gavois

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.