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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 92

Registration District No. 7917 Primary Registration District No. 1003 Registrar's No. 358

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 Mo Baptist Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 A
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 00 17 9

(a) State Mo. (b) County 24

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

(d) Street No. 3339a Nebraska Av.
(If rural, give location) O

(e) Citizen of foreign country? 30 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Bottchen

3. (b) If veteran, name war no.

3. (c) Social Security No. 488-09-3345

4. Sex Female | 5. Color or race white | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattchdias Bottchen

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June (Month) 5 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	7	6	hr. min.

9. Birthplace (City, town, or county) Hungary 8 (State or foreign country)

10. Usual occupation Office Maintanence

11. Industry or business Merchants Exchange

FATHER
12. Name John Bernhardt
13. Birthplace (City, town, or county) Hungary 8 (State or foreign country)

MOTHER
14. Maiden name Anna M. Schunk
15. Birthplace (City, town, or county) Hungary 8 (State or foreign country)

16. (a) Informant Mattchdias Bottchen
(b) Address 3339a Nebraska Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul Cem

18. (a) Signature of funeral director Witt Bro. L & Nic.
(b) Address 2929 S. Jefferson Av.

19. (a) JAN 13 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1942 hour 7 minute 00 p. M.

21. I hereby certify that I attended the deceased from Jan 10, 1942 to Jan 11, 1942
that I last saw her alive on Jan 11, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia From Cerebral Hemorrhage	
Hypertension	Day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
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 W. Lansbury (M. D.)
Address 3258 Lafayette Date signed 1-12-42

(Licensed Embalmer's Statement on Reverse Side)

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 Paul Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson

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.