

FILED APR 13 1942 1

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2841

20
179
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
3966 Wyoming
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 16 000
17
9

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

(d) Street No. 3966 Wyoming
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Stephen C. Bott

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... Male 0 5. Color or race..... White 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Mary Bott 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... November 4, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>25</u>	hr. min.

9. Birthplace..... Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Nil

11. Industry or business.....

MOTHER FATHER { 12. Name August Bott

13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Rose Griefenkemp

15. Birthplace..... Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mary Bott

(b) Address..... 3966 Wyoming

17. (a) Burial (b) Date thereof..... 4/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director..... Edith E. Ambruster

(b) Address..... 4234 Manchester

19. (a) MAR 30 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 29
year..... 1942 hour..... 5.35 A.M. minute..... M.

21. I hereby certify that I attended the deceased from.....
September, 1941 to..... 3-29-42, 19.....
that I last saw him alive on..... 3-29-42, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis
Chronic interstitial nephritis

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

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?

(Specify type of place)
While at work?.....
Cause of injury.....
23. Signature.....
Address.....

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..... *Thomas Eynck*

Licensed Embalmer No..... *1284*

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.