

Filed NOV 4 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8767

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:  
4479 Delor St. /  
(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 Mo. (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4479 Delor St.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John Bott

3. (b) If veteran, name war None 3. (c) Social Security No. ....

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widower  
(b) Name of husband or wife Late Isabelle Bott 6. (c) Age of husband or wife if alive, years 1869  
7. Birth date of deceased Dec. 14th (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Madison County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business

12. Name John Bott

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

14. Maiden name Louise Schlensker  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Marie Carroll

(b) Address 4479 Delor St.

17. (a) Burial (b) Date thereof 10-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) Oct 22 1942 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21st  
year 1942 hour 11:45 minute P.M.

21. I hereby certify that I attended the deceased from Oct 16 1942 to Oct 21 1942  
that I last saw him alive on Oct 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 years  
Due to Metral Regurgitation 5 years

Other conditions g.i. [Signature]  
(Include pregnancy within 3 months of death)

Major findings: g.i. [Signature]  
Of operations .....  
Of autopsy .....  
PHYSICIAN [Signature]  
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?

23. Signature Charles N. Gulsman (M. D. or other) 0  
Address 5783 Cabanne Ave Date signed 10/22/42

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

MOTHER FATHER

#P

Dr. Gubman  
5183 Calaveras  
30195-9  
Before 5 P.M.

**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 *Clarence D. Mc Dermott*

Licensed Embalmer No. *3024*

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.**