S. No. 2
M—9-4-41
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X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

Registration District No. 379

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15301

Primary Registration District No. 6076

Registrar's No. 992

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. Apr. 21, 1943 (Specify whether years, months or days)

In this community: unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

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

(d) Street No.: 4114 Shreve Street (If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: HERBERT L. BOTTOMLEY

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: 488-20-6091

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of ~~husband or~~ wife: Florence

6. (c) Age of ~~husband or~~ wife if alive: 43 years

7. Birth date of deceased: October (Month) 23, (Day) 1894 (Year)

8. AGE: Years 48 | Months 6 | Days 0 | If less than one day: hr. min.

9. Birthplace: Providence, (City, town, or county) Rhode Island (State or foreign country)

10. Usual occupation: Meat Cutter

11. Industry or business: -

FATHER

12. Name: William Bottomley

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

MOTHER

14. Maiden name: Catherine Foxx

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

16. (a) Informant: M. Schelly

(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Nat'l Cem. Jefferson Barracks, Mo.

18. (a) Signature of funeral director: Strout & Carroll

(b) Address: 4600 Natural Bridge Ave

19. (a) APR 27 1943 (Date received local registrar) (b) C. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd, year 1943 hour 2:40 minute A.M.

21. I hereby certify that I attended the deceased from April 21, 1943 to April 23, 1943 that I last saw him alive on April 23, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CIRRHOSIS OF LIVER WITH OESOPHAGEAL VARIX.	Unknown
Due to: -	
Due to: -	
Other conditions: None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operation.
Of autopsy: Autopsy not granted.

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): no

(b) Date of occurrence:

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury: D

23. Signature: L. M. COCHRAN, M.D., (M. D. or other)

Address: Chief Medical Officer Date signed 4/23/43

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Frank H Stroot

Licensed Embalmer No. 2265

P. O. Address 46 Nat Bridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.