

FILED JAN 25 1945 318  
Registration District No.

Primary Registration District No. 1003

Registrar's No. 192

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:  
Josephine Heitkamp Mem. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 40 years 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 3649 Montana  
(If rural, give location) 915  
(e) Citizen of foreign country?..... No (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME BOTOS, GIZELA

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, 2 divorced Widowed  
6. (b) Name of husband or wife Jacob Botos  
6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased July 20 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>18</u>	hr. min.

9. Birthplace..... Hungary 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Dressmaker

11. Industry or business Dressmaking

12. Name Leopold Perles

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

14. Maiden name Charlotte Spitzer

15. Birthplace Unknown Jungary 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ada E. Botos

(b) Address 3649 Montana

17. (a) Cremation (b) Date thereof Jan. 10, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) JAN 9 1945 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7  
year 1945 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-14 1944 to 1-7 1945  
that I last saw her alive on 1-6 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death..... myocarditis chronica  
Due to Interstitial Nephritis, Chr

Due to..... None  
Other conditions..... None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations.....  
Of autopsy..... None

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?

While at work..... (Specify type of place)  
(e) Means of injury.....  
23. Signature Thies Schuck (M. D. or other)  
Address 1703 1/2 Grand Date signed 6-6-45

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

MOTHER FATHER

847

1703 P. Brand  
9-10 ; 7-8

**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: *Delis J. Krupin*  
Licensed Embalmer No. *3497*  
P. O. Address *1936 St. Louis*

**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.**