

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41694****20**

FILED DEC 19 1955

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 532 North Benton					
3. NAME OF DECEASED (Type or Print) Joseph		a. (First)		b. (Middle) A.		c. (Last) Bottani			
4. DATE OF DEATH Dec. 11, 1955		(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 8, 1882			
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 3 Days 3		IF UNDER 24 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-President				10b. KIND OF BUSINESS OR INDUSTRY First National		11. BIRTHPLACE (City and State or Foreign Country) Bk. Saint Charles, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Frank N. Bottani		13b. MOTHER'S MAIDEN NAME Marietta Adanini			
14. NAME OF HUSBAND OR WIFE Jozie Ruenzi				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-20-3915			
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. Bottani				ADDRESS Saint Charles, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 24 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis				DUE TO (c)				10 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332x									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan 9, 1957 , to Dec 11, 1955 , that I last saw the deceased alive on Dec 11, 1955 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Eugene J. Canty M.D.				23b. ADDRESS Sr. Charles, Mo				23c. DATE SIGNED Dec. 13, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec. 13-1955		REGISTRAR'S SIGNATURE Hannie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Dallenberger		ADDRESS Sr. Charles, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 17 1958

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Frank R. Amalona*

Licensed Embalmer No. *489*

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.