

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1956

State File No. 22290

BIRTH NO.		REG. DIST. NO. 312	PRIMARY REG. DIST. NO. 544	Registrar's No. 1303
1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood,		c. LENGTH OF STAY (in this place) 1 wk.	3. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 6036 Odell Ave. 2007 p		
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) S. (HARRY)	c. (Last) BOTT	4. DATE OF DEATH (Month) (Day) (Year) May. 28, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1899	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY U.S. Defense Plant		11. BIRTHPLACE (City and State or Foreign Country) Mc Sherrystown, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Stephen C. Bott		13b. MOTHER'S MAIDEN NAME Mary Johns		14. NAME OF HUSBAND OR WIFE Florence E. Bott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY No. W.W.# 1 492-07-2230		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence E. Bott-6036 Odell Ave.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 3 years
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)		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 May 22, 1956, to May 28, 1956, that I last saw the deceased alive on May 27, 1956, and that death occurred at 2:40 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Frank Catanzaro (Degree or title) M.D.		23b. ADDRESS 206 N. Clay Ave, Kirkwood		23c. DATE SIGNED 5/28/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31, 1956		24c. NAME OF CEMETERY OR CREMATORY National Cemetery
		24d. LOCATION (City, town, or county) St Louis County,		(State) Mo.
DATE REC'D BY LOCAL REG. 5-28-56		REGISTRAR'S SIGNATURE Herbert R. Romberg		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S.Kingshighway Bl.

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

7/3
1-9-15
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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 *William B. White*

Licensed Embalmer No. *4291*

P. O. Address *4220 Le Roy*

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.