Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034020
STATE FILE NUMBER

FILED OCT 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9222

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST LOUIS — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST LOUIS CITY HOSP #1 — Length of stay in 1b: 20/90

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3719 Upton St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JACOB; Middle: ; Last: BOTTEMS

4. DATE OF DEATH: Month 9; Day 23; Year 58

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: JAN 11, 1882

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months; Days — IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CITY FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (City and state or country): St Louis Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JACOB BOTTEMS

13b. MOTHER'S MAIDEN NAME: BERTHA KERVIL

14. NAME OF HUSBAND OR WIFE: PAULINE BOTTEMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: PAULINE BOTTEMS — Address: 3719 UPTON ST

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Edema of the glottis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c): 163X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Sacral Decubitus and Abscess, Carcinoma of the Lung

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m.; Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/6/58, to 9/23/58 and last saw her/him alive on 9/23/58
Death occurred at 2:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bernard C. DeLeo M. D.

22b. ADDRESS: 1515 LAFAYETTE

22c. DATE SIGNED: 9-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

23b. DATE: SEPT 26

23c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory

23d. LOCATION (City, town, or county) (State): St Louis Missouri

24. FUNERAL DIRECTOR — ADDRESS: Hendler Und Co 7420 Michigan

25. DATE RECD. BY LOCAL REG.: SEP 25 '58

26. REGISTRAR'S SIGNATURE: J Earl Smith MD

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

Student .....
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3161

P. O. Address 7426 Michigan

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.