# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 25 1960 318 1003 60-020703

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. 5074 STATE FILE NUMBER

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 21 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Anthony's Hosp. — Inside Limits: Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If Institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3653 Alberta — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: Anna Middle: A. Last: Bothmann

**4. DATE OF DEATH**: Month May Day 11 Year 1960

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**: 11/26/86

**9. AGE** (last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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

**10b. KIND OF BUSINESS OR INDUSTRY**: Home

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

**12. CITIZEN OF WHAT COUNTRY**: U.S.A.

**13a. FATHER'S NAME**: Carolus Sauer

**13b. MOTHER'S MAIDEN NAME**: Elizabeth Robenstein

**14. NAME OF HUSBAND OR WIFE**: Edward Bothmann

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

**16. SOCIAL SECURITY NO.**: 489-05-2555

**17. INFORMANT**: Eugene Scheffler, Address: 1102 Lanvale Dr.,

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Congestive heart failure | 1 month |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Diabetes mellitus | unknown |
| DUE TO (c) | Renal insufficiency 260x | 1 month |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**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 Apr. 6/60, to May 11/60 and last saw her/him alive on May 11/60

Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): [signature], MD

**22b. ADDRESS**: 4145 a S. Grand Blvd.

**22c. DATE SIGNED**:

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

**23b. DATE**: May 14, 1960

**23c. NAME OF CEMETERY OR CREMATORY**: Missouri Crematory

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

**24. FUNERAL DIRECTOR**: Wacker-Helderle, ADDRESS: 3634 Gravois.

**25. DATE RECD. BY LOCAL REG.**: MAY 14 1960

**26. REGISTRAR'S SIGNATURE**: Earl Smith, M.D. (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.