URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60=021847

FILED VS MAY 31 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1623

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Richmond Heights
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) PARENTS 957 Bodine Downs St Charles Mo
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Baby Middle Boy Last Bottas

4. DATE OF DEATH Month 5 Day 21 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-21-60
9. AGE (last birthday) 1 hr 15'
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours 1 Min. 15'

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St Louis Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Alex Bottas
13b. MOTHER'S MAIDEN NAME Mary C. Scotten
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Father Address St. Charles Mo

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) anencephaly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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)

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 5/21, to 5/21 and last saw her/him alive on 5/21
Death occurred at 5/21 7 40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mitchell Yanner M.D. (Degree or title)
22b. ADDRESS 201 S Central Clayton
22c. DATE SIGNED 5-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE MAY 22, 1960
23c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo
23d. LOCATION (City, town, or county) (State) St. Charles, Mo

24. FUNERAL DIRECTOR C. L. Prinster ADDRESS St. Charles, Mo
25. DATE RECD. BY LOCAL REG. 5-22-60
26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harnard O Kesler

Signature of Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentzvill

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.