WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791 3 / 1

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Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 650

(c) City St. Louis, Mo. (d) Street No. 500 S. Kingshighway St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

St. Louis Childrens Hospital

2. PRINT FULL NAME Albert Bothmann 3 5 5

(a) Residence, No. 9431 Central - Overland Mo. St. NR
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8 - 11 - 37

7. AGE — YEARS: — MONTHS: 5 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as saw mill, bank, etc.: Child
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 0

FATHER

13. NAME: William 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis 0

MOTHER

15. MAIDEN NAME: Mary Roscoe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis.

17. INFORMANT (ADDRESS): M. E. Matthews 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Concordia DATE: 1/19 38

19. FUNERAL DIRECTOR (ADDRESS): Bauman Bros. Overland Mo.

20. FILED: JAN 19 1938 — J. F. Biedeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1 - 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 1 - 15, 1938, to 1 - 17, 1938

I last saw him alive on 1 - 17, 1938 Death is said to have occurred on the date stated above, at 10 20 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Lt)
Otitis media

Date of onset

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ralph N. Barlow M. D.

(Address) 500 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Earl A Hellman, Licensed Embalmer No. 3501

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

me L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Earl A Hellman

Licensed Embalmer No. 3501

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.)