

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33690
Do not use this space.

791

1008

Registered No. 8676

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. St. Anthony's Hospital 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.

2. PRINT FULL NAME

³⁷⁰ Mary Antonette Botz
 (a) Residence, No. 3965a Castleman Ave. St. 17 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3rd. 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January, 16-1862.

I last saw h..... alive on....., 19....., to....., 19..... Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 8 17

to have occurred on the date stated above, at 11.05 A.M.
 The principal cause of death and related causes of importance were as follows:

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

Oedema and softening of brain, radiating of right humerus and femur as a result of walking into an automobile driven by one

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

Other contributory causes of importance:
Anthony Giardino at 9th and Washington Ave. Sept. 12, 1938. About 5:30 p.m.

FATHER 13. NAME John Botz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME Gertrude Henn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide..... Date of injury.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Amalia Botz
 (ADDRESS) 3965a Castleman Ave.

Manner of injury.....
 Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S. Peter-Paul DATE Oct. 6th. 1938

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify..... (Signed)..... (Address).....

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
 (ADDRESS) 2331 S. Broadway

20. FILED Oct 4 1938 Local Registrar.

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.

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,

Robert C Wheeler

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Robert C Wheeler

Licensed Embalmer No.

2128

P. O. Address

St Louis mo

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 this body is not embalmed, above space should be left blank.