

AUG 24 1939
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 30294

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1510

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Normandy Tnshp. Overland? Mo
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 3yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Normandy Tnshp. Overland, Mo
 (d) Street No. 2947 Wise Ave. St. Louis Co.
 (e) If foreign born, how long in U. S. A. 60 years.

3. (a) PRINT FULL NAME John Fred Bottger 326
 3. (b) If veteran, name war No
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 23 day 18
 year 1939 hour 4:23 minute " P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Jane Bottger
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased Nov. 23 1865
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-1-38
 1938 to 8-23-39
 that I last saw him alive on 8-23-39
 and that death occurred on the date and hour stated above.
 Immediate cause of death Carcinoma of Prostate
 Duration 6yr

8. AGE: Years Months Days If less than one day
73 9 0 hr. min.

Due to Chr. Prostatitis 20yr
 Due to 51-

9. Birthplace Zurich Switzerland
 (City, town, or county) (State or foreign country)
 10. Usual occupation Bldg. Contractor

Other conditions Chr Nephritis
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 MOTHER FATHER
 { 12. Name John Bottger
 13. Birthplace Hanover, Germany
 14. Maiden name Wilhelmina Melbohm
 15. Birthplace Zurich Switzerland

PHYSICIAN
 Major findings: Of operations no
 Of autopsy no
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature John A. Bottger
 (b) Address 4877 Farlin ave St. Louis
 17. (a) Burial (b) Date thereof AUG. 26 1939
 (c) Place: burial or cremation Calvary Cem.
 18. (a) Signature of funeral director Clarence J. Shaw
 (b) Address 393 N. 2nd St.
 19. (a) AUG 24 1939 (b) _____
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence no
 (c) Where did injury occur? no
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work (Specify type of place) _____ (e) Means of injury _____
 23. Signature John A. Bottger (M. D. brother)
 Address 340 Bermuda Date signed 8-24-39

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, or by.....

Geo. T. Schubert

Registered Apprentice No.....

working under my personal supervision.

Signed..... *Geo. T. Schubert*

Licensed Embalmer No. *2212*

P. O. Address *518 1/2 W. Ingals Highway*

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.