

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7509**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5501 Botanical Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ years, months or days **YES**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **13**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5501 Botanical Ave**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **36 Years** years.

3. (a) PRINT FULL NAME **Alexandler Bottini**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **492-10-8552**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Margaret** 6. (c) Age of husband or wife if alive **53** years
 7. Birth date of deceased **Nov. 4, 1876**
 (Month) (Day) (Year)

8. AGE: Years **63** Months **10** Days **1** If less than one day
 hr. _____ min. _____

9. Birthplace **Italy**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Francesio Bottini**
 13. Birthplace **Italy**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Giuseppa Moroni**
 15. Birthplace **Italy**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Frank Bottini**
 (b) Address **5501 Botanical Ave**

17. (a) **Burial** (b) Date thereof **Sept 10-1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's Church**

18. (a) Signature of funeral director **Paul Calcester**
 (b) Address **5142 Dagg St**

19. (a) **SEP 6 1940** (b) **J. J. Madack**
 (Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **15th** year **1940** hour **11** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **May 6 1940** to **Sept. 5 1940** that I last saw **him** alive on **Sept. 5 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** Duration **8 mo.**

Due to _____

Due to **No**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma of stomach**
Gastric resection
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (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 **Charles Montani** (M. D. or other) **M.D.**
 Address **1926 A Marconi** Date signed **9-6-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

Paul Calaterra

Licensed Embalmer No.

2376

P. O. Address

5142 Daguerre

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, fact should be so stated above.