

DEC 22 1941
Registration District No. **791**

Primary Registration District No. **1003**

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: **Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12-days**
In this community **35 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL.")
(d) Street No. **4233a Ladlede Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **11th.**,
year **1941** hour **4** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 29, 1941**
to **Nov. 11, 1941**
that I last saw him alive on **Nov. 11, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the Pancreas**
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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 **Robert Curran M.D.**
Address **990 Acad. Bldg.** Date signed **11/27/41**

3. (a) PRINT FULL NAME **Enrico Botto**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **Carmelina Botto** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 3rd, 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **8** If less than one day, hr. _____ min. _____

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

10. Usual occupation **Resturant Keeper**

11. Industry or business _____

12. Name **Sebastian Botto**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Carmen Botto**

(b) Address **4233a Ladlede Ave.**

17. (a) **Burial** (b) Date thereof **11-14-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **DEC 12 1941** (b) **J. F. Bundeck**
(Date received local certificate) (Registrar's signature)

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

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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.....

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

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.