

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3626 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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **EDWARD HOTTEWAY**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Married

6. (b) Name of husband or wife Jennie Hotteway 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 14 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Pittsburg Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Glass Blower.

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(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 Herman Hotteway
(b) Address 3636 Botanical Ave.

17. (a) Burial (b) Date thereof Sept 18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SunSat Burial Park

18. (a) Signature of funeral director Thorndick Son
(b) Address 2906 Gravois Ave.

19. (a) SEP 16 1943 (b) J. Thredex
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3626 Botanical Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
1943 hour 5 25 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 4/22, 1943 to 9/14, 1943
that I last saw him alive on 9/14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cause of Rectum
Due to _____
Due to Rectal Hemorrhage

Other conditions Hemorrhage
(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)
(2) Means of injury MI
23. Signature W. H. Hander (M. D. or other) _____
Address 315 Park Date signed 9/16/43

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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 2906 Maric

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.