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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 38432

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2820

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 1/2 hours (Specify whether
In this community 5 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 9445 Tudor Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MICHAEL BOTT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Brashar

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased September (Month) 16 (Day) 1873 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 2 | 26 | hr. min. |

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant E. J. Wilson, Nephew
(b) Address 6409 Clayton Rd. Rich. Hts.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director Robert J. Cunkerwater
(b) Address 6633 Clayton Rd

19. (a) 12-14-45 (Date received local registrar) (b) W. M. Garrison M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 12th year 1945 hour Eleven minute 15 P.M.

21. I hereby certify that I attended the deceased from December 11th 1945 to December 12th 1945; that I last saw him alive on December 12th 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial hemorrhage

Due to Brain contusion of

Due to 1700-8

Other conditions 21
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Pt.
(a) Accident, suicide, or homicide (specify) struck by Auto
(b) Date of occurrence 12-11-45
(c) Where did injury occur? Overland (City or town) St. Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? no (e) Means of injury Struck by Auto

23. Signature Donald O. Burst (M. D. or other) M.D.
Address 601 Brentwood Clayton Date signed 12/14/45

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1945

## 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 Robert [illegible]

Licensed Embalmer No. 1994

P. O. Address.....

**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.**