

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Barnes Hospital,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **8 7 days** (Specify whether
In this community.....
years, months or days)

3. (a) PRINT-FULL NAME: **Frank Botenoski**

3. (b) If veteran, name war..... **Nil**
3. (c) Social Security No. **Unknown**

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

6. (b) Name of husband or wife..... **Unknown**
6. (c) Age of husband or wife if alive..... **80 years**

7. Birth date of deceased..... **May 2 1880/1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 20 hr. min.

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

10. Usual occupation **Coal Miner**

11. Industry or business.....

12. Name **Jacob Botenoski**

13. Birthplace **Setigtic Austria**
(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 **Joseph R. Botnocan**

(b) Address **Gary, Indiana**

17. (a) **Removal** (b) Date thereof **2-22-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gary, Indiana**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blyd.**

19. (a) **FEB 25 1946** (b) **J. F. Bredest**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Franklin**
(c) City or town **Zeigler**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22**
year **1946** hour **3** minute **5 A.** M.

21. I hereby certify that I attended the deceased from **Jan. 21**, 19**46**, to **Feb. 22**, 19**46**,
that I last saw him alive on **Feb. 22**, 19**46**,
and that death occurred on the date and hour stated above.

Immediate cause of death
**Carcinoma of esophagus
- metastases to lung**

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 **FR Bradley** (M. D. or other)

Address **Barnes Hospital** Date signed **2/22/46**

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

MOTHER, FATHER

1878

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 *W. Wilkinson*

Licensed Embalmer No. *3575*

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.