

FILED APR 12 1946
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 St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boon

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3509 Miami
Memorial (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Victoria Bottem

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Michael 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased June 30th, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	9	0	hr. min.
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9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Peter Wagner

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

14. Maiden name Unknown

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

16. (a) Informant Michael Bottem

(b) Address 3609 Miami, St. Louis, Mo.

17. (a) burial (b) Date thereof Apr. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director Hacker-Seldente U. of C. Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) APR 2 1946 J. F. Bresnahan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th
year 1946 hour 7:35 minute P M.

21. I hereby certify that I attended the deceased from 3/24/46
to 3/30/46, 1946,
that I last saw her alive on 3/30/46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebro Vascular Accident

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 work)

23. Signature R. P. Subblyed (M. D. or other)
1515 Lafayette 4/8/46
Address Date signed

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.....

Frank J. Ireland

Licensed Embalmer No.....

2675

P. O. Address.....

H. Lewis

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.