

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2298

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 213

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital

d. STREET ADDRESS (If rural, give location) 2403 Macklind Ave.

3. NAME OF DECEASED
a. (First) MARTIN b. (Middle) _____ c. (Last) BOTTINI

4. DATE OF DEATH (Month) (Day) (Year) Jan. 21 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Nov. 11, 1889

9. AGE (in years last birthday) 60
IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis

11. BIRTHPLACE (State or foreign country) Milan, Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Natale Bottini

13b. MOTHER'S MAIDEN NAME Caroline Bottini

14. NAME OF HUSBAND OR WIFE Caroline Bottini

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 486-16-1809

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Bottini 2403 Macklind Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Rectum

INTERVAL BETWEEN ONSET AND DEATH 6 MOSX ?

??

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5810

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

2. I hereby certify that I attended the deceased from July 19 49, to January 21, 19 50, that I last saw the deceased alive on Jan. 21, 1950, and that death occurred at 9:00P m., from the causes and on the date stated above.

23a. SIGNATURE Edw. Czebrinski (Degree or title) M.D.

23b. ADDRESS 3701 Grandel Square

23c. DATE SIGNED 1-23-50

24a. BURIAL, CREMATION REMOVAL (Specify) Burial

24b. DATE Jan. 24, 1950

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL JAN 23 1950

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

2009
D

X

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.

Student Embalmer No.

Signed Richard W. Stovesand

Signed
Student Embalmer

Licensed Embalmer No. 4007

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.