

FILED MAY 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. **13807**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003** Registrar's No. **3290**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3459a California		d. STREET ADDRESS (If rural, give location) 74 3459a California	

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) L. c. (Last) Bothmann			4. DATE OF DEATH (Month) (Day) (Year) 4/21/51		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 15, 1898	9. AGE (In years last birthday) 52	# UNDER 1 YEAR Months 1	# UNDER 12 HRS. Days 1	Hours 1	Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Rothschild Ht. Co.		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Fred Lange		13b. MOTHER'S MAIDEN NAME Anna Strobel		14. NAME OF HUSBAND OR WIFE Ben H.			
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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. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernard Bothmann--3459a California			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rt. Breast						
	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.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X	
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22. I hereby certify that I attended the deceased from **Feb. 12, 1951**, to **Apr. 21, 1951**, that I last saw the deceased alive on **Apr. 20, 1951**, and that death occurred at **2:50a** m., from the causes and on the date stated above.

23a. SIGNATURE Henry Rosenfeld (Degree or title) M.D.		23b. ADDRESS 3903 Olive		23c. DATE SIGNED Apr. 21, 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 4/24/51	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
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DATE REC'D BY LOCAL REG. PR 23 1951		REGISTRAR'S SIGNATURE J.B. Lester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Helderb 3634 Gravois	
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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.....

Frank J. Gland Sr.

Signed.....
Student Embalmer

Licensed Embalmer No. *2645*

P. O. Address *St Louis Mo*

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.