

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13808

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4022**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (In this place) 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vandeventer & Delmar		e. CITY OR TOWN St Louis 2029	
3. NAME OF DECEASED (Type or Print) a. (First) J b. (Middle) Howard c. (Last) Bottom Sr.		4. DATE OF DEATH (Month) (Day) (Year) Apr. 27, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 4, 1891
9. AGE (In years last birthday) 60		10. UNDER 1 YEAR Months Days	11. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grants Cutter		10b. KIND OF BUSINESS OR INDUSTRY Stanze Mon. Co.	11. BIRTHPLACE (State or foreign country) Sparta, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Bottom	
13b. MOTHER'S MAIDEN NAME Elizabeth McMaster		14. NAME OF HUSBAND OR WIFE Norma Bottom	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW-1	
17. INFORMANT'S SIGNATURE OR NAME Norma Bottom		ADDRESS 5250 Bonita	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 10 Min. ANTECEDENT CAUSES DUE TO (b) Chronic Cardio Vascular DUE TO (c) disease 3-5 Years 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 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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? WALK			
22. I hereby certify that I attended the deceased from Jan , 1950, to 27 April , 1951, that I last saw the deceased alive on 26 April , 1951, and that death occurred at 9:15 P. m. , from the causes and on the date stated above.			
23. SIGNATURE J. H. Schmeimer M.D. (Degree or title)		23b. ADDRESS 6817^a Gravois	
23c. DATE SIGNED 4/28/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/30/51	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Afton, Mo.	
DATE REC'D BY LOCAL APR 29 1951		REGISTRAR'S SIGNATURE J. B. Laster	
25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons		ADDRESS 7027 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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

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No. 300
10. 48

JUN 12 1951

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. J. Peterson.....

Licensed Embalmer No. 3767.....

P. O. Address 7027 Gravois.....

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.