

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25593**

No. 300
10-48

FILED AUG 6 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **6977**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo. 0**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **BARNES HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Ladue 4001**
d. STREET ADDRESS (If rural, give location) **Grounds 25 Westwood Dr, Country Club**

3. NAME OF DECEASED
a. (First) **Mary** b. (Middle) **NMN** c. (Last) **Bothman**
4. DATE OF DEATH (Month) (Day) (Year) **7 19 52**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **9** **8. DATE OF BIRTH** **Unknown** **9. AGE (In years last birthday) (Specify)** **Abt 79**
UNDER 1 YEAR Months Days # UNDER 10 YRS. Hours Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At home** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and State or Foreign Country) **Austria 4** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Sander Landau** **13b. MOTHER'S MAIDEN NAME** **Sarah Weber** **14. NAME OF HUSBAND OR WIFE** **Benjamin Bothman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **no** **17. INFORMANT'S SIGNATURE OR NAME** **Fred Kling-25 Westwood County Club**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction**
ANTECEDENT CAUSES **Arteriosclerosis**
DUE TO (b) _____
DUE TO (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.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
24 hrs.
17 yrs.

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)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** **4201**

22. I hereby certify that I attended the deceased from July 18, 1952, to July 19, 1952, that I last saw the deceased alive on July 19, 1952, and that death occurred at 1:30A m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) **F. Bradley M.D.** **22b. ADDRESS** **BARNES HOSPITAL** **22c. DATE SIGNED** **7/19/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **7/19/52** **24c. NAME OF CEMETERY OR CREMATORY** **B'Nai Amoona Cem.** **24d. LOCATION (City, town, or county) (State)** **St. Louis County, Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Harman Rindshoff** **ADDRESS** **5216-1 Palmer**

(Licensed Embalmer's Statement on Reverse Side)

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

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

John Keller

Licensed Embalmer No. *3880*

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.