

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7371**
Registrar's No. **1746**

No. 300
10.48

FILED MAR 11 1953
BIRTH NO.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3647 Page Blvd At-Home		d. STREET ADDRESS (If rural, give location) 11 3647 Page Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) Armanda b. (Middle) J. c. (Last) Botts		4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1953	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 20, 1878
9. AGE (In years: last birthday) 74	# UNDER 1 YEAR Days 9	% UNDER 1 YEAR Hours 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Morehead, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ike France		13b. MOTHER'S MAIDEN NAME Lucinda ?	
14. NAME OF HUSBAND OR WIFE Perry Botts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs Isaac Allen		ADDRESS 3647 Page Blvd.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchi</u> 2. ANTECEDENT CAUSES <u>Old Fr. Dislocation Rt. Hip</u> 3. DUE TO (b) <u>Decubitus Ulcer</u> 4. DUE TO (c) <u>None</u> 5. OTHER SIGNIFICANT CONDITIONS <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH 1 wk. 4 mos. 2 mos.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E9000 21		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Winton place Ohio	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 1952	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell upon stairs 11:10	
22. I hereby certify that I attended the deceased from Jan 2, 1953, to Feb 12, 1953 , that I last saw the deceased alive on Feb 10, 1953 , and that death occurred at 1:55A m. , from the causes and on the date stated above.			
23a. SIGNATURE A. Z. Smith		23b. ADDRESS 11 N. Jefferson Ne. 7832	23c. DATE SIGNED 2-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 14, 1953	24c. NAME OF CEMETERY OR CREMATORY Oscar S. Lee & Sons Funeral Home	24d. LOCATION (City, town, or county) (State) Winton Pl. Ohio
DATE REC'D BY LOCAL REG. FEB 14 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE E. B. K... 1221 N. Grand Blvd.	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Gepton Swan

Licensed Embalmer No. 4580

P. O. Address 1221st Grand St

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.