

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29890

7221

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4068 Loughborough</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. AGE (in years last birthday)	
a. (First) <b>Fred W. Bothmann Sr.</b>			b. (Middle)			c. (Last)	
6. DATE OF DEATH <b>Jul. 24, 1953</b>			7. AGE (in years last birthday) <b>54</b>			8. UNDER 1 YEAR Months Days	
9. UNDER 1 YEAR Hours Min.			10. UNDER 1 YEAR Hours Min.			11. BIRTHPLACE (City and State or Foreign Country)	
10a. USUAL OCCUPATION (Give kind of work and number of years of working life, even if retired) <b>Auto Painter</b>			10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>William Bothmann</b>			13b. MOTHER'S MAIDEN NAME <b>Dora Unk</b>			14. NAME OF HUSBAND OR WIFE <b>Constance Bothmann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>no</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Constance Bothmann 4068 Loughborough</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHO-PNEUMONIA</b>							
INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS.</b>							
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
DUE TO (b) _____							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS. <b>NEPHRITIS - PULMONARY EDEMA</b>							
Conditions contributing to the death but not related to the disease or condition causing death. <b>HEPATITIS.</b>							
19a. DATE OF OPERATION							
19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>491X</b>					
22. I hereby certify that I attended the deceased from <b>7/21/1953</b> , to <b>7/24/1953</b> , that I last saw the deceased alive on <b>7/23/1953</b> , and that death occurred at <b>5:35 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Henry Cooper D. M.D.</b>				23b. ADDRESS <b>818 Olive St.</b>		23c. DATE SIGNED <b>24 July 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-27-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Picker</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 24 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD. ST. LOUIS 11, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

DR Henry T. Cooper  
Paul Brown Bld.  
11 to 3

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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 David Van Jordan

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.