Health, Welfare Public Service

300 0
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9948
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2069

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital 25 Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St. Clair
c. CITY OR TOWN O'Fallon 8120 8 Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 408 W. 3rd St. 32 Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Milo Middle W. Last Bottlemy
4. DATE OF DEATH Month Day Year Feb. 28, 1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 13, 1918
9. AGE (In years last birthday) 38 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.
11. BIRTHPLACE (City and state or country) Alden, Illinois, 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Bottlemy
14. MOTHER'S MAIDEN NAME Winnie VanHoogen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. # 2
16. SOCIAL SECURITY NO. 338-12-5885
17. INFORMANT Address Ernestine Bottlemy, 408 W. 3rd St. O'Fallon, Illinois,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lacerated Liver; INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Lacerated Lung, left; with exanguination.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐ 1

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Injured when crushed while working on tractor - trailer in garage at 519 Chouteau Ave., about 800 am., Feby 28th 1957.
20c. TIME OF INJURY Hour a. m. 800 Month, Day, Year 2.28.57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 22 Garage
20f. CITY, TOWN, OR LOCATION 000 COUNTY STATE St Louis MoE 911.6

21. I attended the deceased from _____, to _____ and last saw her/him alive on 9
Death occurred at 905 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner 3
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 3. 1. 57.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-28-57
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) (State) Belleville, Illinois,

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington,
25. DATE RECD. BY LOCAL REG. MAR 1 '57
26. REGISTRAR'S SIGNATURE Earl Smith MD MJB.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R. H. Remelius

Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.