

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031069

FILED VS AUG 26 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2229 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 12290 GRAVIS ROAD		c. CITY OR TOWN ARNOLD MO	
Length of stay in 1b 4 MONTHS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GRAVIS REST HOME		d. STREET ADDRESS (If outside, give location) RURAL ROUTE 2, BOX 66	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MATHILDA J. BOTTOMLEY			4. DATE OF DEATH Month Day Year AUG. 17 1959		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JULY 25 1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and state or country) EDWARDVILLE ILL.	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME JOSEPH J. ROTH	13b. MOTHER'S MAIDEN NAME KMELIA ERXLIEBEN	14. NAME OF HUSBAND OR WIFE EDWARD BOTTOMLEY DE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT GERALDINE A. MUELLER ARNOLD MO	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<i>Arterial Sclerosis Heart Disease</i>	<i>3 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<i>Hypertension Coroner's Vasculer Disease</i>
	DUE TO (c)	<i>3 yrs.</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>6/1/57</u> to <u>8/17/57</u> and last saw her ^{her} alive on <u>8/17/59</u> Death occurred at <u>7:15</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <i>Charles R. Burnside M.D.</i>	22b. ADDRESS <i>2069W Argonne Pl. St. Louis 22</i>	22c. DATE SIGNED <i>8/17/57</i>
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23a. REMOVAL	23b. DATE AUG. 18, 1959	23c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	23d. LOCATION (City, town, or county) KIRKWOOD MO
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24. FUNERAL DIRECTOR HEILIGATG	ADDRESS IMPERIAL MO	25. DATE RECD. BY LOCAL REG 8-19-59	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer A. Heiligtag

Licensed Embalmer No. 3571

P. O. Address Imperial

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.