

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS JAN 12 1960**

**-60-002987**

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saint Charles</u>		Length of stay in 1b <u>5 days</u>		c. CITY OR TOWN <u>Saint Charles</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>401 So. 6th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Anthony</u> Middle <u>A.</u> Last <u>Bottani</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>1</u> Year <u>1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 6, 1887</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>bricklayer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and state or country) <u>Saint Charles, Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank Bottani</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Etta Adamini</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. # 1</u>			16. SOCIAL SECURITY NO. <u>494-01-7342</u>	17. INFORMANT Address <u>Joseph A. Bottani, Belleville, Ill.</u>				
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) <u>Basal Skull Fracture</u>							<u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Automobile accident:</u>								
DUE TO (c) <u>Struck by automobile crossing street</u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Partial Paralysis, left arm &amp; leg</u>					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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fracture skull, c/ cerebral concussion</u>					
20c. TIME OF INJURY Hour <u>6</u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u>12-30-59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>							
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on street</u>			20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St Charles, St. Charles Mo</u>					
21. I attended the deceased from <u>Dec. 30, 1959</u> to <u>Jan 1, 1960</u> and last saw <sup>her</sup> him alive on <u>Jan 1, 1960</u> Death occurred at <u>9 9</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>1175 Main, St Charles, Mo</u>			22c. DATE SIGNED <u>Jan 2, 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 4, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Borromeo Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>			
24. FUNERAL DIRECTOR <u>H.C. Dallmeyer &amp; Sons, St. Charles, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1/2/60</u>	26. REGISTRAR'S SIGNATURE <u>Maceela Wilson</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 20 1960

**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



Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.