

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32765

State File No.

FILED OCT 11 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9067**

1992
 0

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 3 weeks	
c. CITY (If outside corporate limits, write RURAL and give township) Altheim (Bonhomme Twshp) ?		d. STREET ADDRESS (If rural, give location) Clayton Road 4070	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Michael c. (Last) Botsch			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Mar. 20, 1864
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Michael Botsch		13b. MOTHER'S MAIDEN NAME Magdalena Klein	14. NAME OF HUSBAND OR WIFE Christina Koebel Botsch
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'S SIGNATURE OR NAME ADDRESS Mrs. Jos. Brown, Chesterfield, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 1 WEEK ANTECEDENT CAUSES DUE TO (b) LONG STANDING MYOCARDIAL INSUFFICIENCY DUE TO (c) LONG STANDING GENERALIZED ARTERIO-SCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE HIP RT	
19a. DATE OF OPERATION 9-5-52	19b. MAJOR FINDINGS OF OPERATION INTERTRACHANTERIC FRACTURE HIP RIGHT		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CHESTERFIELD ST. LOUIS MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-5-52 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? FELL AT HOME	H221F
22. I hereby certify that I attended the deceased from 9-5 , 19 52 , to 9-29 , 19 52 , that I last saw the deceased alive on 9-29 , 19 52 , and that death occurred at 8:45 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C.N. Creger, M.D.		23b. ADDRESS 539 N. GRAND	23c. DATE SIGNED 9-30-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Elm Lawn Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. SEP 30 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.	

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 Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Bellewin, Mo.

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.