

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36196

State File No.

FILED NOV 12 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9675

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 14 5435 Murdoch Ave. 0	
3. NAME OF DECEASED (Type or Print) ROY		4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 1952	
5. SEX 0 Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Nov. 27, 1898	
9. AGE (In years last birthday) 53		10. IF UNDER 1 YEAR: Months Days	
11. BIRTHPLACE (City and State or Foreign Country) Centerville, Mo. 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME George W. Botkin		13b. MOTHER'S MAIDEN NAME Lula E. White	
14. NAME OF HUSBAND OR WIFE Ruby Botkin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-05-0276	
17. INFORMANT'S SIGNATURE OR NAME Ruby Botkin		ADDRESS 5435 Murdoch Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>hypertension & coronary</i> INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs. 5 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☒ NO ☐			
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) <i>2:15 PM 10/19/52</i>		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? 446X			
22. I hereby certify that I attended the deceased from 8/29, 1952 to 10/19, 1952, that I last saw the deceased alive on 10/19, 1952, and that death occurred at 3:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>Jack M. Miller M.D.</i> (Degree or title)		23b. ADDRESS 5535 Delmar St. St. Louis 10/2/52	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 22, 1952	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. OCT 21 1952		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

4 P. (Licensed Embalmer's Statement on Reverse Side)

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

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 1/2 Kings Highway

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.