

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10067

STATE FILE NUMBER

FILED NOV 28 1961

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Reynolds

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **St. John's Hospital**

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

RALPH

Middle

W.

Last

BOTKIN

4. DATE OF DEATH

Month

Oct.

Day

29

Year

1961

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-28-1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bus Driver (Retired) St. Louis Public Service Co.

10b. KIND OF BUSINESS OR INDUSTRY

St. Louis Public Service Co.

11. BIRTHPLACE (City and state or country)

Centerville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Botkin

13b. MOTHER'S MAIDEN NAME

Lula White

14. NAME OF HUSBAND OR WIFE

Ethel M. Botkin15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)**No****None**

16. SOCIAL SECURITY NO.

494-01-0730

17. INFORMANT

Ethel M. Botkin

Address

Centerville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture of the right Femur; generalized arterio sclerosis; suffered when tractor being operated by deceased returned running him under same, in Reynolds County on October 24th 1961.

DUE TO (c)

24th 1961

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

9121-3

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐☐☐

20b. SUICIDE

☐☐☐

20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

10-24-6120d. 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.)

65 Farm

20f. CITY, TOWN, OR LOCATION

Reynolds County, Mo.

COUNTY

STATE

21. I attended the deceased from **2:00 p.m.** to **2:00 p.m.** and last saw him alive on **10/24/61**Death occurred at **2:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul J. Simon

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

10/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Nov. 1, 1961

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 9450 Olive St. Road

25. DATE RECD. BY LOCAL REG.

OCT 30 1961

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

ITEM NO. 1 SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

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.