

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2875
State File No.
0172
Registrar's No.

FILED FEB 11 1953

318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edmunson 2 4070	
f. STREET ADDRESS 10550 Natural Bridge		g. (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) G. c. (Last) BOTZ		4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 31, 1895
9. AGE (in years last birthday) 57		10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Service station	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME John Botz		13b. MOTHER'S MAIDEN NAME Mary (UNK)	
14. NAME OF HUSBAND OR WIFE Cora		15. 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. None		17. INFORMANT'S SIGNATURE OR NAME Cora Botz 10550 Natural Bridge	
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) <u>Hypertensive arteriosclerosis</u> 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 443x.			
22. I hereby certify that I attended the deceased from 2-20, 1952, to 1-6, 1953, that I last saw the deceased alive on 1-6, 1953, and that death occurred at 7:15 P.M., from the causes and on the date stated above.			
23a. SIGNATURE W. R. Gumm M.D.		23b. ADDRESS 2517 S Broadway	
23c. DATE SIGNED 1-7-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 10, 1953	
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) 7901 Gravois	
DATE REC'D BY LOCAL REG. JAN 7 1953		REGISTRAR'S SIGNATURE C. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. Holmeister U. & L. Co.		ADDRESS 7814 S. Broadway, St. Louis, Mo.	

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

1227
R 8322

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 Harry J. Schumacher
Licensed Embalmer No. 2679

P. O. Address 7874 Broadway

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.