

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034019

STATE FILE NUMBER

1003

Registrar's No. 9503

FILED OCT 14 1958

Registration District No.

318

Primary Registration District No.

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Olivette 4380.	
FULL NAME OF HOSPITAL (If not in hospital, give location) 44 St. Louis Little Rock Hospital, Inc.		d. STREET ADDRESS (If outside, give location) 27 1/2 Brightling Drive	
3. NAME OF DECEASED (Type or print) First Charles Middle Kimble Last Bothwell		4. DATE OF DEATH Month October Day 13 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr.-Traffic Mgr. Pass.		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Wayne Co. Ill
13a. FATHER'S NAME James C. Mahan		14. NAME OF HUSBAND OR WIFE Georgia T. Bothwell	
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 Address Georgia T. Bothwell, Olivette
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalopathy, arteriosclerotic		INTERVAL BETWEEN ONSET AND DEATH 3 weeks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 334x DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1950 to Oct. 3, 1958 and last saw him alive on October 2, 1958 Death occurred at 3:55 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R C Treiman, M.D.		22b. ADDRESS 1755 South Grand Ave.	
		22c. DATE SIGNED 10/3/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-5-58	
23c. NAME OF CEMETERY OR CREMATORY Maplehill Cemetery		23d. LOCATION (City, town, or county) (State) Fairfield Ill	
24. FUNERAL DIRECTOR Lupton Funeral Home		25. DATE RECD. BY LOCAL REG. OCT 3 '58	
ADDRESS 7233 Delmar		26. REGISTRAR'S SIGNATURE Earl Smith M.D.	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Clarence H. Murray* .....

Licensed Embalmer No. *4011* .....  
P. O. Address *St. Louis* .....

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.