

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 14 1939 791  
1008

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7639

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DE PAUL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 DAYS years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County 1  
(c) City or town ST. LOUIS 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4542 SAN FRANCISCO  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME PAULINE BOETTCHER  
(b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 2  
year 1939 hour 10 minute 20 P. M.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W  
7. Birth date of deceased: FEB. (Month) 15 (Day) 1855 (Year)

21. I hereby certify that I attended the deceased from Sept 1 1939 to Sept 2 1939  
that I last saw her alive on Sept 2 1939  
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 6 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death arterio-sclerotic heart disease  
Duration \_\_\_\_\_

9. Birthplace: SAXON GERMANY  
(City, town, or county) (State or foreign country)

Due to arterio-sclerosis  
Due to \_\_\_\_\_

10. Usual occupation AT HOME

Other conditions Anemia  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name UNKNOWN HANEL  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs Julius Schechte  
(b) Address 4542 San Francisco

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) City Cem. Stanton Ill. (b) Date thereof Aug 6 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(c) Place: burial or cremation City Cem. Stanton Ill.  
18. (a) Signature of funeral director Businessman James H.  
(b) Address 1936 St. Louis

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

19. (a) SEP 4 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

23. Signature Chas. J. J. J. (M. D. or other)  
Address 3500 N. Grand Date signed 9.3.39

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2737

P. O. Address 1936 N. Louis, 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, above space should be left blank.**