

FILED SEP 18 1942

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

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

1003

Registrar's No. 7403

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 hrs.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred C. Boettcher

8. (b) If veteran, name war None  
8. (c) Social Security No. 498-16-9174

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Boettcher  
6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: November 5 1905  
(Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 26  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Dealer

11. Industry or business \_\_\_\_\_

12. Name Wm. E. Boettcher

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Pasko

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Boettcher  
(b) Address 709 Hoffmeister Lemay, Mo.

17. (a) Burial (b) Date thereof Sept. 4, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cem.

18. (a) Signature of funeral director Hoffmeister Luth. Co.  
(b) Address 7814 S. Broadway

19. (a) SEP 4 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. 709 Hoffmeister ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1  
year 1942 hour 8 minute 35 p. M.

21. I hereby certify that I attended the deceased from Jan 14  
1939 to Sept 1, 1942  
that I last saw him alive on Sept. 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration 10 Hrs.

Due to Cardio-Vasculo-Renal Disease 3 yrs.

Due to Hypertension 10 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 9 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Cardiac Hypertrophy, Nephritis, Bleeding into brain

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature A. J. Steiner (M. D. or other) MD

Address 1416 Lemay Ferry Rd. Date signed 9-2-42

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

FATHER {  
MOTHER {

Handwritten initials or mark.

Ln 0700

**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.....

*Edwin H. Seibinger*

Licensed Embalmer No. ....

*7049*

P. O. Address.....

*664 Chippewa*

**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.**