

No. 2
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1948 7

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3161A
Registrar's No. 2000

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Valley Park
(c) Name of hospital or institution: Moll Nursing Home
(d) Length of stay: In hospital or institution 1 week
In this community Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County W 13
(c) City or town St. Louis
(d) Street No. 5746 Chippewa St.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME OTTO H. BOETTGER
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Boettger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 13 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September 11
year 1948 hour 5 minute 55 P.M.
21. I hereby certify that I attended the deceased from Sept 10
1948 to Sept 11 1948
that I last saw him alive on Sept 11 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>9</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Coronary Thrombosis 18 hrs
Chr Prostatis
Due to _____
Due to 94
Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Physical Culture Instructor
11. Industry or business Mo State Blind School
12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Martha Boettger
(b) Address 5746 Chippewa St.
17. (a) Burial (b) Date thereof Sep 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
C. Hoffmeister Colonial Mortuary
18. (a) Signature of funeral director _____
(b) Address 6464 Chippewa St.
19. (a) 9-13-48 (b) Beulah J. [Signature]
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____
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 Webster [Signature] (M. D. or other) MD
Address Webster Grandview Mo Date signed 9-12-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

105 St Lockwood

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 J. 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.