

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13609**  
Registrar's No. **3511**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **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 <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>ST. Louis</b> c. LENGTH OF STAY (in this place) <b>4</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Stone Nursing Home 4373 W. Pine</b>		d. STREET ADDRESS (If rural, give location) <b>4324 Tyrolean</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>FRANK</b> c. (Last) <b>Boettcher</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 18, 1949</b>
5. SEX <b>M U</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept. 17, 1883</b>
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>	11. BIRTHPLACE (State or foreign country) <b>Nebraska</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Merchants Ice &amp; Fuel Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Edward F. Boettcher</b>		13b. MOTHER'S MAIDEN NAME <b>Emilie Becker</b>	14. NAME OF HUSBAND OR WIFE <b>EMMA M. Boettcher</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>490-03-8848</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ehrmann Boettcher</b>		ADDRESS <b>4324 Tyrolean</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of colon with metastasis to liver.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 mo.</b>	
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Hb</b>	
DUE TO (c)		DUE TO (c) <b>192X</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>1-29-49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of colon</b>		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-10, 1949, to 4-20, 1949</b> , that I last saw the deceased alive on <b>4-15, 1949</b> , and that death occurred at <b>7:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. J. Mason, M.D. U</b>		23b. ADDRESS <b>715 S. Manchester, St. Louis, Mo.</b>	23c. DATE SIGNED <b>4-18-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-20-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Foreigners Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>ST. Louis, County</b>
DATE REC'D BY LOCAL REG. <b>APR 19 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Fasaler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Will B. L. &amp; U. Co.</b> ADDRESS <b>2929 So. Jefferson Ave.</b>	

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

**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.

- 7

Signed.....  
Student Embalmer

Signed

*D. M. Davis*

Licensed Embalmer No.

*3744*

P. O. Address

*2929 1/2 Jefferson*

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.