

FILED FEB. 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2288

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 887

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>1169</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3616 Bamberger Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>3616 Bamberger Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u> b. (Middle) <u>M.</u> c. (Last) <u>Boettcher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27, 1950.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 27, 1884.</u>	9. AGE (In years last birthday) <u>65</u> if under 1 year: Months _____ Days _____ if under 24 hrs: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brewery Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Anheuser Busch Inc.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Louis Boettcher</u>	13b. MOTHER'S MAIDEN NAME <u>Victoria Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Alvina Boettcher</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Alvina Boettcher</u>	ADDRESS <u>3616 Bamberger</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Edema</u>	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Cerebral Thromboses</u> DUE TO (c) <u>Hypertension</u>	<u>1 year</u> <u>Unknown</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Early Sinusitis</u>		<u>3'32"</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>and Chr. Myocarditis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>St. Louis, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/12, 1949, to 1-27, 1950, that I last saw the deceased alive on 1/27, 1950 and that death occurred at 11:50 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter H. H. H.</u>	(Degree or title)	23b. ADDRESS <u>3108 South Grand</u>	23c. DATE SIGNED <u>1/27/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 30, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>10180 Gravois Ave. Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>JAN 27 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Zeigler Bros. 6409 Gravois</u>
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WRITE PLAINLY—USING UNFADEING 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.

Student
Student Embalmer

Signed *Henry M. Brammer*

Licensed Embalmer No. *4200*

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 this body is not embalmed, fact should be so stated above.