WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28579

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 8112

City St Louis (No. 5816 Waterman Ave St. ..... Ward)

2. FULL NAME Augusta Boettler

(a) Residence. No. 5816 Waterman St., 5 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adolph Boettler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 21st. 1857

7. AGE: Years 70 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ..... min. 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home 95
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: August Muhr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Jonhanna Wittig
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) do not Know

14. INFORMANT: Albert A. Boettler
(Address) 501 Pierce Bldg.

15. FILED SEP 13 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1927, to Aug 12, 1927, that I last saw her alive on Aug 12, 1927, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio Renal
Asthma Chronic
Non Tubercular
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Labr. findings

(Signed) O. Raines, M. D
8/12, 1927 (Address) 320 Metro Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: 9-14-1927

20. UNDERTAKER: Wagner
ADDRESS: 3621 Olive