

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

Do not use this space.

**30149**

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1000  
City St. Louis Mo. (No. ....) Sanitarium St. .... Ward)

File No. ....  
Registered No. 9251  
St. .... Ward)

**2. FULL NAME**

Louis Boettger  
(a) Residence, No. 208 Victor St., 13 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 44 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Boettger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 | 2 | 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME Ferdinand Boettger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER 15. MAIDEN NAME Caroline Schroeder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Arthur A. Hines 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE A. St. Marus DATE 9-3-1931

19. UNDERTAKER (ADDRESS) Walt B. & J. Co 2424 Jefferson Ave

20. FILED SEP -1 1931 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 11<sup>th</sup>, 1931, to 8-31, 1931.  
I last saw him alive on 8-31, 1931. Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Pathology. Chr.  
920 9310  
Other contributory causes of importance: Cardiac + respiratory failure.

Date of onset same  
multiple

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) Arthur A. Hines, M. D.  
(Address) 5400 Arsenal St.

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.

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