

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.

*Dr. Laster*  
3720 Washington  
St. Louis, Mo.

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *3318 1/2 Saloma St.*) St. .... Ward)

File No. **14968**  
Registered No. **4174**  
St. .... Ward)

**2. FULL NAME**

*Victoria Boettcher*  
(a) Residence, No. *3318 1/2 Saloma St.*, *24* Ward. (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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 31 / 1855*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<i>78</i>	<i>7</i>	<i>23</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

MOTHER FATHER 13. NAME *Unknown* *9*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Louis Ford*  
(ADDRESS) *St Joseph Mo*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Park Lawn* DATE *Apr 26 1934*

19. UNDERTAKER *Freigebauer Bros*  
(ADDRESS) *2623 S. Market St*

20. FILED *Apr 27 1934* *J. Brodeck*  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 24 - 1934*

22. I HEREBY CERTIFY, That I attended deceased from *for several months in 1933-34*, 19....  
I last saw h. *al.* alive on *about April 1, 1934* Death is said to have occurred on the date stated above, at *4:05 p.m.*

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

*Hypertension heart disease heart failure*

Other contributory causes of importance: *9562*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

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? *No*

If so, specify \_\_\_\_\_

(Signed) *Dr. Laster*, M. D.

(Address) *St. Louis Mo*

*3720 Washington*

Dr. Drew Ruten.  
3720 Washington