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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. City Hospital No. 1 ..... St. ..... Ward)

B. 15450

File No. 4169

Registered No. 1213

2. FULL NAME Fred Boettcher

(a) Residence, No. 419 Sidney St., 23 Ward. 1
(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: male

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: Bertha Boettcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 28, 1889

7. AGE: 47 YEARS | MONTHS: 3 | DAYS: 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bottler 32°

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

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): St. Louis, Missouri 1

FATHER

13. NAME: Louis Boettcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California 2

MOTHER

15. MAIDEN NAME: Victoria Meuller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

17. INFORMANT (ADDRESS): Hosp. Info. M.H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Park Lawn DATE Jan. 28th. 1937

19. UNDERTAKER (ADDRESS): Wacker-Helderle 2331 S. Broadway

20. FILED JAN 27 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/24/37, 19 to 1/25/37, 19

I last saw him alive on 1/25/37, 19 Death is said to have occurred on the date stated above, at 8.p m.

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

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Tuberculous laryngitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Geo J Seibold 1, M. D.

(Address) City Hospital No. 1

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.

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

X9314