

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

Do not use this space.

1. PLACE OF DEATH **SEP 25 1937**

County St. Louis Registration District No. 1123 File No. 31865
 Township Carendelet Primary Registration District No. 6248 G Registered No. 329
 City St. Louis County, Mo. Union Road St. _____ Ward _____

2. FULL NAME Mrs. Wilhelmina Boettcher
 (a) Residence, No. 4365 Beck Avenue St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 83 yrs. 11 mos. 21 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
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23, 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 11 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household
 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) St. Louis, (STATE OR COUNTRY) Missouri

13. NAME William Dartling

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

15. MAIDEN NAME Sophie Pahrer

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

17. INFORMANT William Boettcher (ADDRESS) Union P.O. Carendelet R.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE Aug. 18, 1937

19. UNDERTAKER Beiderwieden Funeral Home, Inc. (ADDRESS) 1936 St. Louis,

20. FILED Aug. 16, 1937 Miss Ruby Henry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1937, to 8-14, 1937
 I last saw her alive on 8-14, 1937 Death is said to have occurred on the date stated above, at 11:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Senility

Name of operation none Date of _____
 What test confirmed diagnosis? Chrom. 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 of injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Victor E. Scherman M. D.
 (Address) 2909 Du Sable Highway

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. S. ...
2919 - ...
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