

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23562
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis
 (d) Street No. 2925 Lafayette Ave. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.

Primary Registration District No.

791
1.003

Registered No.

6256

2. PRINT FULL NAME

Justine W. Boettcher

(a) Residence, No. 2925 Lafayette Ave St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Reinhold Boettcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 14 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 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) Germany

FATHER 13. NAME David Banz

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

MOTHER 15. MAIDEN NAME Henrietta Bayer

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

17. INFORMANT Mrs. Edwin Kuehn
 (ADDRESS) 2925 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE July 13 1938

19. FUNERAL DIRECTOR Peetz Brothers
 (ADDRESS) 3928 Lafayette Ave

20. FILED July 13 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1938 to July 10, 1938
 I last saw her alive on July 10, 1938. Death is said to have occurred on the date stated above, at 2:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma
(Metastasis other organs)

Other contributory causes of importance:

Name of operation None Date of None
 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) W. S. Searcy, M. D.
 (Address) 2758 - Lafayette

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. J. J. Dumas
Louisiana School of Cosmetology*

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No. *2245*
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed *Francis J. Dumas*
Licensed Embalmer No. *2245*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)