

G 24 1938

SEP 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Manchester
City Manchester (No. 3)

Registration District No. 784
Primary Registration District No. 200
Manchester Nursing Home.

File No. 29987
Registered No. 1403 St. _____ Ward _____

2. FULL NAME

Marcell R. Boettinger 350
(a) Residence, No. 3611 McDonald St. Ward _____
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Boettinger.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 19th, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 4

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

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) Mississippi

13. NAME George Boettinger

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

15. MAIDEN NAME Unknown

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

17. INFORMANT George Boettinger
(ADDRESS) 4544 Flad Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S. Peter & Paul DATE August 25th, 38.

19. UNDERTAKER Ziegenhain Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED AUG 24 1938 T. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 - 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935 to Aug 23, 1938

I last saw him alive on Aug 23, 1938 Death is said to have occurred on the date stated above, at 11:30 AM.

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

Date of onset

Cardiac De-compensation 5-6-38
Pulmonary edema 8-22-38

Other contributory causes of importance:

Chronic Myocarditis 5-6-38
Cerebral Accident 5-6-38
Arteriosclerosis 5-6-38

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) T. T. Campbell, M. D.(Address) 11287 Hamilton Ave

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.

