16 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37158

Registration District No. 784 Primary Registration District No. 3 Registrar's No. 1806

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Koch (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Koch Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6yrs 5mos 10 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 2934 Harper (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Emil Boettner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 11 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
38	4	2	hr. min.

9. Birthplace Prairieville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Electrical Work
11. Industry or business
FATHER 12. Name John William Boettner
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Kroeft
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Koch Hospital Records
(b) Address Koch, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16-39 (Month) (Day) (Year)
(c) Place: burial or cremation Lit. Lebanon Cemetary
18. (a) Signature of funeral director Drehmann-Harrel
(b) Address L905 Union Blvd.
19. (a) OCT 16 1939 (Date received local registrar) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 1939 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 15, 1939, to October 13, 1939 that I last saw him alive on October 13, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Pulmonary Tuberculosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature William Stayko (M. D. or other)
Address Koch Hospital, Koch Mo. Date signed 10/14/39

(Licensed Embalmer's Statement on Reverse Side)

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 PAPER—USE CONTRASTING BLACK INK—MAKE A PERMANENT RECORD

1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....R M Sanford.....

Licensed Embalmer No.....2273.....

P. O. Address.....Stanio.....

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.)

If this body is not embalmed, above space should be left blank.