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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30297**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7574**

FILED OCT 25 1940

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Margaret Boettler.

3. (b), If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lawrence Boettler 6. (c) Age of husband or wife if 55 years

7. Birth date of deceased Dec. 14, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 8 24 hr. min.

9. Birthplace Bridgeston, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Henschel

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ruster myer

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Boettler

(b) Address 6327 Isabella Ave.

17. (a) Burial (b) Date thereof Sept. 11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) SEP 9 1940 (b) J. P. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Wellston NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6327 Isabella Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7  
year 1940 hour 8.10 minute P.M.

21. I hereby certify that I attended the deceased from 6-18- 1940 to 9-7- 1940  
that I last saw her alive on 9-7- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 48 hrs.

Due to Carcinoma of lung, Primary 6 mo.

Due to \_\_\_\_\_  
Other conditions 47  
(Include pregnancy within 3 months of death)

Major findings: Granulation on rt side of neck 6/26/40, carcinoma of gland  
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 Thos. M. Davis (M. D. or other) \_\_\_\_\_  
Address 2424 N. Grand Date signed 9/9/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Thomas M. Davis,  
2424 N. Grand Blvd.,  
Ft. 4325, 2.30 P.M.

**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.....

Licensed Embalmer No. 3225.

P. O. Address 1125 Hodiament Ave.

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

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