

7911

REC'D OCT 25 1940

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
FIRMIN DESLOPE
 (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

8. (a) PRINT FULL NAME Fred Boettger (Boettger)

3. (b) If veteran, name war World War 3. (c) Social Security No. No

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARGIE NORTON 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH (Month) 22 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>5</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name WILLIAM BOETTGER

18. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

14. Maiden name SUSIE HANFEN

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

16. (a) Informant's own signature Joseph Rayer

(b) Address 237 1/2 Thriftway St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen - Kelly

(b) Address 1416 N. TAYLOR

19. (a) SEP 16 1940 (Date received by registrar) (b) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 19

(d) Street No. 4041 DELMAR (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-17-40 day _____ year _____ hour 8:40 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 8-20-40 to 9-17-40, 19____; that I last saw him alive on 9-17-40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Summita of liver Portal cirrhosis Cardio-vasc. - renal disease

Other conditions Diabetes - Ins Osteomyelitis

Major findings: Of operations _____

Of autopsy Regeneration of liver substance Cardio-vasc. - renal disease

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? _____

While at work? _____ (Specify type of place) _____ (e) Months of injury _____

23. Signature Geo. P. Flynn (M. D. or other) _____

Address Firmin Deslope Date signed 9-17-40

Duration 1 1/2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM 1 1938

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.

Myself
city license
#145

Signed *Glenn E. Anderson*

Licensed Embalmer No. *4141*

P. O. Address *St. Louis, Mo.*

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.