

No. 2
-5-43
-17-39
X36671

FILED JAN 23 1946
Registration District No. _____

Primary Registration District No. **1003**

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

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:
5425a Christy /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **Life** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5425a Christy**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Albert R. Boettger**

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **M** **0** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **Crescentia** **(c) Age of husband or wife if alive** **59** years

7. Birth date of deceased **Apr 8 1883**
 (Month) (Day) (Year)

8. AGE: Years **62** Months **9** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo. 0**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Inspector**

11. Industry or business _____

MOTHER FATHER { **12. Name** **A.G. Boettger**

13. Birthplace **Germandy 4**
 (City, town, or county) (State or foreign country)

14. Maiden name **Deumer**

15. Birthplace **Germandy 4**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Crescentia Boettger**
 (b) Address **5425a Christy**

17. (a) Burial (b) Date thereof **I-18/46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **John L. Ziegenhein**
 (b) Address **7027 Gravois**

19. (a) JAN 18 1946 **J. F. Bruner**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **16** year **1946** hour **1** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Jan. 15 1946** to **Jan 16 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration _____
Angina Pectoris

Due to _____

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? _____

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

23. Signature **W. Wagenbach** (M. D. or other) _____
 Address **2738 Gravois W** Date signed **1/17/46**

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland, 147

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, fact should be so stated above.