

FILED OCT 24 1948 18

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9574

Registration District No. ....

Primary Registration District No. ....

Registrar's 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..... **City Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **15 hours**  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**

(c) City or town..... **Pinelawn Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **4617 Oakwood**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **/**  
If yes, name country.....

3. (a) PRINT FULL NAME..... **Norman F. Boettcher**

3. (b) If veteran, name war..... **World #2**

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Oct.** day..... **14th**  
year..... **1947** hour..... **5:00** PM minute..... M.

4. Sex..... **Male** 5. Color or race..... **White**

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..... **March 7, 1913**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>34</b>	<b>7</b>	<b>7</b>	..... hr. .... min.

Immediate cause of death..... **Gunshot wound of spine and cord inflicted at the hands of one Police Officer Ernest Alexander when the deceased was resisting arrest and had knocked Officer Alexander down, around 1:20 A.M. Oct. 13, 1947, in the vicinity of 4774 Genevieve Av. JUSTIFIABLE HOMICIDE IN THE PERFORMANCE OF HIS DUTIES AS A POLICE OFFICER.**

Other conditions.....  
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... **Student**

Major findings:  
Of operations..... **168**

Of autopsy.....

PHYSICIAN.....  
Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name..... **Fraderick Boettcher**

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

14. Maiden name..... **Marie Holz**

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **Just. Hom.**

(b) Date of occurrence..... **10-13-1947**

(c) Where did injury occur?..... **St. Louis Mo.**  
(City or town) (County) (State)

16. (a) Informant..... **Walter E. Boettcher**

(b) Address..... **4617 Oakwood Pinelawn, Mo.**

17. (a) **Burial** (b) Date thereof..... **10/18/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Cemetery**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **public place**  
(Specify type of place)

While at work?..... (Specify means of injury) **see above**

18. (a) Signature of funeral director..... **Math Hermann & Son, Inc.**

(b) Address..... **2161 East Fair Ave**

19. (a)..... **10/16/47** (b)..... **J. J. Brascoe**  
(Date received local registrar's certificate) (Registrar's signature)

23. Signature..... **John E. Smith** (M. D. or other) **3**

Address..... **2161 East Fair Ave** Date signed..... **10/16/47**

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

MOTHER FATHER

NOV 24 1964

**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. *H 3 29*

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, fact should be so stated above.