No. 300
10.48

FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20713

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meramec
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPHS HILL INF.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2179
d. STREET ADDRESS (If rural, give location) 3304 SHENANDOAH

3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) HERMAN c. (Last) BOETTE
4. DATE OF DEATH (Month) JULY (Day) 5 (Year) 1950
5. SEX MO
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH AUG. 11. 1872
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 11 Days 24 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXPORTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME AUGUST BOETTE
13b. MOTHER'S MAIDEN NAME LOUISE WEISKETTEL
14. NAME OF HUSBAND OR WIFE FANNIE TEUSCHER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Brother Paschal, St. Josephs Hill. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICENCY

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC MYOCARDITIS
DUE TO (c) GENERALISED-ARTERIO-

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 30, 1950, *to* JULY 3, 1950, *that I last saw the deceased alive on* JULY 3, 1950, *and that death occurred at* 12:12A *m., from the causes and on the date stated above.*

23a. SIGNATURE R. Marder, MD (Degree or title)
23b. ADDRESS 4323 ROLAND Dr.
23c. DATE SIGNED 7/5/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/16/1950
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem
24d. LOCATION (City, town, or county) St Louis (State) Mo
DATE REC'D BY LOCAL REG. 7/5/50
REGISTRAR'S SIGNATURE Mrs Ruth Jirsa 438
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser Mortuaries ADDRESS 4228 S. Kingshighway
Per John Brummer

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-10-50

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Edw D. McDermott

Licensed Embalmer No. 3024

P. O. Address 4228 So Kingshighway
St Louis

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.