

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

 State File No. **24569**  
**5712**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 week</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glendale</b> <b>4651</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1283 Andrew Dr.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Reinhold</b> c. (Last) <b>Boettcher</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 29 1950</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar. 28 1870</b>	9. AGE (In years last birthday), Months, Days, Hours, Min. <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Credit Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Mfg.</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>4</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Marian Boettcher</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marian Boettcher</b> ADDRESS <b>1283 Andrew dr</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>  ANTECEDENT CAUSES DUE TO (b) <b>Coronary arteriosclerosis</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Benign Prostatic Hypertrophy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>80 yrs.</b> <b>15 yrs.</b> <b>15 yrs.</b> <b>5 yrs.</b>
19a. DATE OF OPERATION <b>6-28-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Benign Prostatic Hypertrophy</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>1610A</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <b>6-21</b> , 19 <b>50</b> , to <b>6-29</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>6-29</b> , 19 <b>50</b> , and that death occurred at <b>11:00 p m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Marshall B. Conrad, M.D.</b>		23b. ADDRESS <b>5535 Helicon</b>		23c. DATE SIGNED <b>6-30-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial U</b>	24b. DATE <b>7/3/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 2 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Lanster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b> ADDRESS <b>1905 Union Blvd.</b>		

(Licensed Embellisher's Statement on Reverse Side)

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

**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.

Signed \_\_\_\_\_

*Albert R. Thompson*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4237

P. O. Address 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.