

FILED MAY 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17083**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4356					
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 2 M & 2 D		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHRONIC HOSPITAL				e. STREET ADDRESS (If rural, give location) 2239 2141 a Russell Avenue							
3. NAME OF DECEASED (Type or Print) IRMA		a. (First)		b. (Middle)		c. (Last) BOETTGER					
4. DATE OF DEATH		(Month) 5		(Day) 12		(Year) 1954					
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept 28 1890					
9. AGE (In years last birthday) 63		# UNDER 1 YEAR Months 7		# UNDER 1 YEAR Days 16		# UNDER 1 MIN. Hours _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (City and State or Foreign Country) St. Louis					
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Charles Boettger		13b. MOTHER'S MAIDEN NAME Mary Koche		14. NAME OF HUSBAND OR WIFE Single				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Leonora Beeh			ADDRESS 2143a Russell			
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) Carcinoma of Breast ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH years			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 170X					
22. I hereby certify that I attended the deceased from Mar. 10, 1954 , to May 12, 1954 , that I last saw the deceased alive on May 12, 1954 , and that death occurred at 6:20 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE George Esker M.D. (Degree or title)				23b. ADDRESS 5600 Arsenal St.				23c. DATE SIGNED 5/13/54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 15/54		24c. NAME OF CEMETERY OR CREMATORY New St Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo					
DATE REC'D BY LOCAL MAY 15 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE John L. Ziegenhein & Sons		ADDRESS 7027 Gravois Ave.					

S.P. (Licensed Embalmer'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..

Student.....
Signature of Student Embalmer

Signed..... *B.P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.