

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34591

State File No.

9418

FILED NOV 15 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH
a. COUNTY _____

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) **3 days**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Park Lane Hospital**

STREET ADDRESS (If rural, give location) **9 4904 North Broadway**

3. NAME OF DECEASED (Type or Print) a. (First) **Marie** b. (Middle) _____ c. (Last) **Boettcher**

4. DATE OF DEATH (Month) (Day) (Year) **October 26, 1955**

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Dec. 21, 1890**

9. AGE (In years last birthday) **64**

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **At Home**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Fred Goeke**

13b. MOTHER'S MAIDEN NAME **Amelia Warmann**

14. NAME OF HUSBAND OR WIFE **Carl Boettcher**

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. **unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Carl Boettcher, 4904 North Broadway**

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Diabetic Gangrene**

ANTECEDENT CAUSES DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

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

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **260x**

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) (Minute) _____

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 **10-23-55**, 19____, to **10-26-55**, 19____, that I last saw the deceased alive on **10-26-55**, 19____, and that death occurred at **7:25 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Carl Smith MD*

23b. ADDRESS **4930 Lindell Blvd.**

23c. DATE SIGNED **10-26-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Oct 29 1955**

24c. NAME OF CEMETERY OR CREMATORY **New Bethlehem Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis County Missouri**

DATE REC'D BY LOCAL REG. **OCT 28 1955**

REGISTRAR'S SIGNATURE *Carl Smith MD*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math Hermann & Son, Inc. 2161 E. Fair Ave.**

(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.....
Wilford H. Burnley

Licensed Embalmer No. 40

P. O. Address *Shou*

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.