

FILED OCT 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32940

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. CITY OR TOWN <u>O'Fallon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>092</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Katy Jane Memorial Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Otto</u>	b. (Middle) <u>Julius</u>	c. (Last) <u>Boettler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1956</u>
-------------------------------------	------------------------	---------------------------	---------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>July 11, 1869</u>	9. AGE (In years last birthday) <u>87</u>	10. MONTHS <u>2</u>	11. DAYS <u>11</u>	12. HOURS <u></u>	13. MIN. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	---------------------	--------------------	-------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Club maintenance</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Wm. Boettler</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Boettler</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Walt</u>	ADDRESS <u>8237 Jackson, Vinita Park Mo.</u>
--	-------------------------------------	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia bilateral hypostatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease 5 yr</u>		
	DUE TO (c) <u>Senescent arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Stroke</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. 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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Dec 15, 1949 to Sept 22, 1956 that I last saw the deceased alive on Sept 21, 1956, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED <u>9-25-56</u>
-----------------------------------	-------------------------	--------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 25, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Assumption Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>O'Fallon, Mo.</u>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>10-1-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>St. Peters Mo.</u>
---	--	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1090

420

9561-27 100  
OCT 27 1956

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 *E. A. Keithly*.....

Licensed Embalmer No. *827*.....

P. O. Address *Stallan*.....

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.