

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-035944

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9230

FILED OCT 3 1962

VS 300 Rev. 4/59

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DATE AMENDED  
INSTEAD OF

DOCUMENT

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E/R To City Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY  
c. CITY OR TOWN St. Louis Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 3630 So. Broadway Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Ralph Middle W. Last Bottcher 4. DATE OF DEATH Month Sept Day 22 Year 1962

5. SEX Male 6. COLOR OR RACE Cau. 7. Married  Widowed  Never Married  Divorced  8. DATE OF BIRTH 1-18-08 9. AGE (last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer 10b. KIND OF BUSINESS OR INDUSTRY City Water Works 11. BIRTHPLACE (City and state or country) Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Herman Boettcher 13b. MOTHER'S MAIDEN NAME Sarah Stone 14. NAME OF HUSBAND OR WIFE Elizabeth

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. 17. INFORMANT Elizabeth Boettcher Address 3630 S. Broadway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Coronary Thrombosis. INTERVAL BETWEEN ONSET AND DEATH  
DUE TO (b) 4201  
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 10-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Sept 25, 62 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. 23d. LOCATION (City, town, or county) (State) St. Louis County Missouri

24. FUNERAL DIRECTOR McLaughlin ADDRESS 2301 Lafayette Ave. St. Louis, Mo. 25. DATE RECD. BY LOCAL REG. SEP 25 1962 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 A. G. Jarvis

Licensed Embalmer No. 3384

P. O. Address H. Jarvis

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.