

SEP 25 1940 791

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **6604**

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2530 Crover St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2530 Crover St
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Emma Boyer

3. (b) If veteran, name war none 3. (c) Social Security No. Mo

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Leo J Boyer 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased. (Month) Dec (Day) 16 (Year) 1877

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>7</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace French Village Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Peter Dubuch

13. Birthplace Old Mines Mo
(City, town, or county) (State or foreign country)

14. Maiden name Briggs

15. Birthplace Briggs Landing Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Leo J Boyer

(b) Address 2530 Crover

17. (a) Burial (b) Date thereat Aug 5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Chas F. Stuart

(b) Address 1725 N. River Blvd

19. (a) AUG 3 1940 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day Aug
 year 1940 hour 11 minute 20 M.

21. I hereby certify that I attended the deceased from Aug 1-1939
Aug 1, 1939 to Aug 2, 1940
 that I last saw her alive on Aug 2, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to beriberi of lung

Other conditions (include pregnancy within 3 months of death) _____

Findings of operations _____
 Of autopsy JFH

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury

23. Signature Joseph Gille (M. D. or other) _____
 Address 316 36th Street Date signed Aug 3

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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

....., Registered Apprentice No.

working under my personal supervision.

Signed

Bernard A. J. Stuart

Licensed Embalmer No. *3500*

P. O. Address *1225 Union St*

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, above space should be left blank.