

2
-40
-39
223159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12673
State File No. _____
3103
Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(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 Missouri (b) County CLAIR
(c) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL" _____)
(d) Street No. 112 S. Second
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Boye

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie Boye 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November 30, 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Agent

11. Industry or business M K T Railroad

12. Name John E. Boye

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Helen Thompson

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Nannie Boye

(b) Address Clinton, Mo.

17. (a) Removal (b) Date thereof 4/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 9 1941 (b) J. W. Brudick
(Received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1941 hour 2:15 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from March 20, 1941, to April 8, 1941,
that I last saw him alive on April 8, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma pancreas Duration 6 mo

Due to _____

Due to _____

Other conditions H6 J
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. P. ... (M. D. or other) M.D.

Address 4234 Manchester Date signed 4-9-41

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

MOTHER FATHER

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.....

Florenz Eynock

Licensed Embalmer No. *1284*

P. O. Address *St Louis Mo*

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, fact should be so stated above.