

Filed DEC 1 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 111

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Washington  
 (c) City or town Old Mines  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R. R. Cadet #1  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Phillip Boyer  
 (b) If veteran, name war Nil  
 (c) Social Security No. Nil

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 17  
 year 1941 hour 4:40 minute A M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, single  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 4, 1941  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/31  
 1941, to 11/17, 1941;  
 that I last saw him alive on 10/17, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery, cause unknown  
 Duration 5 hrs

8. AGE: Years \_\_\_\_\_ Months 4 Days 13  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to 119a2

9. Birthplace Old Mines Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Child  
 11. Industry or business \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER {  
 12. Name Roy J. Boyer  
 13. Birthplace Old Mines Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ethel Politte  
 15. Birthplace Old Mines Missouri  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Roy J. Boyer  
 (b) Address Old Mines, Missouri  
 17. (a) Burial (b) Date thereof 11/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Old Mines Missouri  
 18. (a) Signature of funeral director C. H. Boyer Und Co  
 (b) Address Potosi Missouri  
 19. (a) NOV 17 1941 (b) e. H. McArthur  
(Date received local registrar) (Registrar's signature)

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 0  
 23. Signature Wm. C. Macdonald (M. D. or other) \_\_\_\_\_  
 Address St. Mary's Hosp. Date signed 11-17-41

70-1

( NO EMBALM )

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**