

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 8 1943

Registration District No. 3-19

Primary Registration District No. 6078

Registrar's No. 16

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

1. PLACE OF DEATH:  
 (a) County ST. LOUIS  
 (b) City or town JACKSON TOWNSHIP RURAL  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County ST. LOUIS  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Jackson Twp.  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Solomon Boyer  
 (b) Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month MARCH day 23  
 year 1943 hour 7 minute A M.  
 21. I hereby certify that I attended the deceased from July 23  
 \_\_\_\_\_, 1941, to MARCH 23, 1943  
 that I last saw him alive on MARCH 22, 1943  
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife CLEMENTINE BOYER  
 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased APRIL 10 1870  
 (Month) (Day) (Year)

Immediate cause of death Stroke Myocarditis  
 Duration 4 yrs

8. AGE: Years Months Days If less than one day  
72 11 13 hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation FARMER

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name T. BOYER

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

14. Maiden name LOUISE GARRIN

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

16. (a) Informant Clementine Boyer

(b) Address Bloomdsale Mo.

17. (a) BURIAL (b) Date thereof 3-25-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLOOMSDALE MO.

18. (a) Signature of funeral director W. C. Baird

(b) Address St. Genevieve Mo.

19. (a) Mar 24/43 (b) T. W. Douglas  
 (Date received local registrar) (Registrar's signature)

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 Arthur E. ... (M. D. or other) MD

Address St. Genevieve MO Date signed 3-23-43

RECEIVED

District Health Officer No. 4  
District File Number 443-2005  
Date Filed 4-6-43

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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 Leo C. Basher

Licensed Embalmer No. 1985

P. O. Address St. Augustine Ins

**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.**