V. S. No. 2
DM—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11016

FILED MAY 3 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2679

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4210 Walsh 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:** 006

(a) State Missouri (b) County
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4210 Walsh St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oliver H. Boever

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 12 (Day) 1920 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 24 | 4 | 12 | hr. min. |

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Joseph J. Boever
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Lucille Bippen
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Joseph J. Boever
(b) Address 4210 Walsh St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul Cem.
18. (a) Signature of funeral director John H. Gibbon Sons
(b) Address 2630 Gravois Ave.
19. (a) APR 25 1945 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 24th year 1945 hour 12.10 minute A M.
21. I hereby certify that I attended the deceased from 1934, 19 to 4/24, 1945; that I last saw him alive on 4/24, 1945; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrhage | 6 wks. |
| Due to — | |
| Due to — | |
| Other conditions Congenital Heart Disease (Include pregnancy within 3 months of death) | Life |

157

Major findings:
Of operations —
Of autopsy —

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? —
(Specify type of place)
While at work? (e) Means of injury
23. Signature John H. Weirne (M. D. or other)
Address 462 No. Taylor Date signed 4/24/45

(Licensed Embalmer's Statement on Reverse Side)

## 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 Robert F. Gibbon

Licensed Embalmer No. 4144

P. O. Address 2630 Swan's [illegible]

**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.**