

FILED 31824 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **8020**

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: City Infirmiry Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4-9-46 to 9-17-46
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 Chouteau Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Boyer

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 13 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>60</u>	<u>6</u>	<u>4</u>	br. min.

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

10. Usual occupation Padder

11. Industry or business _____

12. Name Samuek Boyer

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

14. Maiden name Mandle

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

16. (a) Informant City Infirmiry Records

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 9-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi mo

18. (a) Signature of funeral director Howard G. Rowland

(b) Address 4355 Washington

19. (a) SEP 17 1946 (b) J. B. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1946 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from 4-9-46
to 9-17-46, 19 46
that I last saw him alive on 9-17-46
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Artery Disease

Due to with mild decompensation

Due to Generalized arteriosclerosis

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

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? _____

While at work? _____ (Specify type of place)
Means of injury 0

23. Signature William Francis Bowditch (M. D. _____)

Address City Infirmiry Hop Date signed 9-17-46

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 *Rex Campbell*

Licensed Embalmer No. *3881*

P. O. Address *Shawnee 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.