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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6049**

FILED MAR 11 1947
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1888**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barnes 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 Jefferson

(c) City or town Festus
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Wilma Boyer

3. (b) If veteran, name war: nil

3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd
year 1947. hour 11 minute 25 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Fabian Boyer

6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: June 28th 1920
(Month) (Day) (Year)

Immediate cause of death: 2nd degree burns of 95% of body
due to explosion of gas stove in kitchen
at Festus Mo on Feb 21st
1947 - exact time unknown

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>7</u>	<u>24</u>	hr. _____ min. _____

Due to _____

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

9. Birthplace: Fort Morgan Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife
at home

11. Industry or business: _____

12. Name: William Waters

13. Birthplace: Valley Mills, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Stella Richardson

15. Birthplace: French Village, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: William Waters

(b) Address: Festus, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-25-47
(Month) (Day) (Year)
Festus, Missouri

18. (a) Signature of funeral director: Albert H. Hoppe
4700 Washington Blvd.

19. (a) 2-24-47 (Date received local registrar) (b) J. F. Bredede (Registrar's signature)

Major findings: _____
Of operations _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: Feb 21st 1947

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
(Specify type of place)

(e) Means of injury: gas

23. Signature: Albert H. Hoppe (M. D. or other)

Address: Reg **Date signed:** 2/24/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

J. Allen Davis

Licensed Embalmer No. *4953*

P. O. Address *St. Louis*

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.