. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1947 318 1003

State File No. 32348

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 8555

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

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: Firmin Desloge (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Days (Specify whether years, months or days)
In this community 24 Days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Cannon Mines. (If outside city or town limits, write "RURAL")
(d) Street No. Cadet Mo R1 - (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Boyer, Roger
3. (b) If veteran, name war no
3. (c) Social Security No. 496.14.2769
4. Sex M. O
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ava Boyer
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 2 (Month) - 24 (Day) 1884 (Year)

8. AGE: Years 63 Months 6 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Cannon Mines (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer.
11. Industry or business .....
FATHER
12. Name Eugene Boyer
13. Birthplace Washington Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Dora Boyer
15. Birthplace Washington Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Ava Boyer
(b) Address Cadet Mo R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines Mo
18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi Mo
19. (a) SEP 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7th year 1947 hour 6 minute 35 P M.
21. I hereby certify that I attended the deceased from Aug 13, 1947 to Sept 7, 1947; that I last saw him alive on Sept 7, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Encephalomalacia of right internal capsule due to hemorrhage	1 mo.
Due to Hypertensive Cardiovascular disease	11 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Joseph V. Finneyan (M. D. or other) M.D.
Address 1325 S. Grand St. Louis Date signed 9-7-47

Jefferson City Printing Co. (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 Howard Higginbotham, Registered Apprentice No. 53, working under my personal supervision.

Signed C. H. Bayer

Licensed Embalmer No. 4158

P. O. Address Potosi 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.