S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42871
Registrar's No. 11502

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

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: 3843a Oregon
(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:

(a) State: Missouri (b) County: 0-0
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 3843a Oregon 9
(If rural, give location) 0
24
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Rheusan E. 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: Widowed
6. (b) Name of husband or wife: Julia Boyer
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 26, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	6	19	hr. min.

9. Birthplace: Old Mines (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business:
FATHER
12. Name: Eugene Boyer
13. Birthplace: Old Mines (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Don't Know
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Veronica Mautz
(b) Address: 3843a Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Weick Bro. Und. Co.
(b) Address: 2201 S. Grand Bl.
19. (a) DEC 17 1947 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 15 day
year 1947 hour 4 minute 50 P.M.
21. I hereby certify that I attended the deceased from October 12, 1947, to Dec 15 1947, that I last saw him alive on Dec 14 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis-Chr with failure
Due to: Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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?
While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Joseph E. Casey (M. D. or other) MD
Address: 906 Olive St. Date signed 12-15-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Felix J. Krispin.....

Licensed Embalmer No.....3497.....

P. O. Address.....2201 S. Grand.....

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.