

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10199**

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **1000** Registrar's No. **2123**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | a. STATE Missouri | |
| c. LENGTH OF STAY (in this place) | | b. COUNTY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 221 S Broadway | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| | | d. STREET ADDRESS (If rural, give location) 221 S Broadway | |

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|-------------------------------------|-------------------|---------------|-----------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Joseph | b. (Middle) J | c. (Last) Boyer | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | Mar. 3 1950 |

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|----------|--------------------|--|-------------------------------|------------------------------------|------------------------|-----------------------|----------------------|----------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S | 8. DATE OF BIRTH Mar. 4, 1898 | 9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HR. Hours | IF UNDER 1 MIN. Min. |
|----------|--------------------|--|-------------------------------|------------------------------------|------------------------|-----------------------|----------------------|----------------------|

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|---|-----------------------------------|--|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Genevieve Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|-----------------------------------|--|-------------------------------------|

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| 13a. FATHER'S NAME Alex Boyer | 13b. MOTHER'S MAIDEN NAME Selma Lallumondier | 14. NAME OF HUSBAND OR WIFE None |
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|--|--|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 486-18-1921 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. R. Hermann | ADDRESS Sappington Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | |
| | ANTECEDENT CAUSES | | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) Pulmonary Oedema | | |
| | DUE TO (c) Cardiac Hypertrophy | | |
| | II. OTHER SIGNIFICANT CONDITIONS | | |
| | Conditions contributing to the death but not related to the disease or condition causing death. Fatty Liver | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5810 |
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| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 P m., from the causes and on the date stated above.

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|-------------------------------------|--------------------------|----------------------------|----------------------------|
| 23a. SIGNATURE Patrick E. Taylor | (Degree or title) Cor | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 3-6-50 |
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|---|---------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/6/50 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. |
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|-------------------------------------|---------------------------------------|---|-------------------------|
| DATE REC'D BY LOCAL REG. MAR 6 1950 | REGISTRAR'S SIGNATURE J. B. Foster | 25. FUNERAL DIRECTOR'S SIGNATURE John L Ziegenhein | ADDRESS 7027 Gravois |
|-------------------------------------|---------------------------------------|---|-------------------------|

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *2027 Graves*

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.