

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21771

State File No. _____

FILED JUN 27 1952

5233

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2229</u>	
c. LENGTH OF STAY (in this place) <u>3 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>1030 South 9th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marian Hospital</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>PEARL</u>	b. (Middle) <u>LENA</u>	c. (Last) <u>BOYET</u>	4. DATE OF DEATH (Month) <u>6</u> (Day) <u>6</u> (Year) <u>52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Feb. 17, 1883</u>		9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Davenport, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Henry Reimers</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Seaman</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Boyet</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-10-3714</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nettie Parks</u> ADDRESS <u>2931 Eads St. Louis</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>May 15-2</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Basal obstruction</u>		<u>May 28-2</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>	
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22. I hereby certify that I attended the deceased from May 10, 1952, to June, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. G. Moore MD</u> (Degree or title)		23b. ADDRESS <u>917 5018</u>		23c. DATE SIGNED <u>6-7-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 8, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>		24d. LOCATION (City, town, or county) (State). <u>Davenport, Iowa</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 9 1952</u> <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin F. Home</u>		ADDRESS <u>2301 Lafayette Ave.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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 James R. Chapman
Licensed Embalmer No. 4550
P. O. Address St. Louis, 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.