

FILED SEP 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27474

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6736

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis
c. LENGTH OF STAY (in this place) 48 hrs.

c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Dasloge Hosp. 1

e. STREET ADDRESS (If rural, give location) 2019
7910 Pennaylvania

3. NAME OF DECEASED
a. (First) Mary b. (Middle) A. c. (Last) Boyer

4. DATE OF DEATH (Month) (Day) (Year) Aug. 1 1955

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH July 9 1877

9. AGE (In years last birthday) 78

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Germany

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Peter Babilon

13b. MOTHER'S MAIDEN NAME ? Seil

14. NAME OF HUSBAND OR WIFE
1. Elizabeth La Rue
2. Joseph Boyer

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. None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
Peter S La Rue 7911 Pennaylvania

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel obstruction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Strangulated umbilical hernia sd.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 5612

INTERVAL BETWEEN ONSET AND DEATH 7.5d.
19. DATE OF OPERATION 7-30-55
20. AUTOPSY? YES NO

19a. DATE OF OPERATION 7-30-55

19b. MAJOR FINDINGS OF OPERATION Obstructed small bowel - segment viable

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul 30, 1955, to Aug 1, 1955, that I last saw the deceased alive on Aug 1, 1955, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.A. Neigh M.D.

23b. ADDRESS 1325 S. Grand

23c. DATE SIGNED 8-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Aug. 4, 1955

24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery

24d. LOCATION (City, town, or county) (State) 3700 Mt. Olive Road, Lemay

DATE REC'D BY LOCAL REG. AUG 3 1955 REGISTRAR'S SIGNATURE Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C. HOA MASTER HILCO 7814 S. Building

WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 336

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.