

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31169

State File No.

FILED SEP 19 1956

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morse Mill</u>		c. CITY OR TOWN <u>St. John</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>Fr 3343 Marshall Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Private Road</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Boyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 6, 1900</u>		9. AGE (In years last birthday) <u>55</u>		10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Exchane Repairman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>S.W. Bell Tel. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin, Penna.</u>	

13a. FATHER'S NAME <u>Ralph D. Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Wolfkiel</u>		14. NAME OF HUSBAND OR WIFE <u>Florence L. Boyer</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W.#1</u>		16. SOCIAL SECURITY NO. <u>88-10-4874</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence L. Boyer 3343-Marshall Ave.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Deceleration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</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.		

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from Dec 5, 1955 to 6 AM Aug 26, 1956 that I last saw the deceased alive on Aug 20, 1956, and that death occurred at 4:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Moller</u>	(Degree or title) _____	23b. ADDRESS <u>2438 Woodson Rd Overland, Mo</u>	23c. DATE SIGNED <u>Aug 27, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-29-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pagedale, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-18-56</u>	REGISTRAR'S SIGNATURE <u>Oliver Swisher Dep.</u>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

SEP 20 1956

DATE RECEIVED

SEP 18 1956

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 *Oscar F. Mueller*

Licensed Embalmer No. *3030*

P. O. Address *Overland*

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.