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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023141

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 4934

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Ann 4051</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. John's Hospital</i>		Length of stay in 1b <i>Hr. 45 Min.</i>		d. STREET ADDRESS (If outside, give location) <i>10307 St. Joan Lane</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>William Joseph Bovier</i>			4. DATE OF DEATH Month Day Year <i>May 9, 1958</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 9, 1958</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <i>4 45</i>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) #####		10b. KIND OF BUSINESS OR INDUSTRY #####		11. BIRTH PLACE (City and state or country) <i>St. Louis, Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Russell Edw. Bovier</i>		13b. MOTHER'S MAIDEN NAME <i>Mary C. Galeski</i>	
14. NAME OF HUSBAND OR WIFE #####		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Mrs. Mary Bovier - same</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Anoxia</i> DUE TO (b) <i>Aspiration of Amniotic Fluid & Meconium</i> DUE TO (c) <i>Meconium</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>962.0</i>					INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs 45 min</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>May 9-1958</i> to <i>May 9-1958</i> and last saw her ^{him} alive on <i>5:20 P.M.</i> Death occurred at <i>10:05 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>J. Earl Smith M.D.</i>		22b. ADDRESS <i>950 Francis Pl</i>		22c. DATE SIGNED <i>5-11-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>May 12 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Monica Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Creve Coeur</i>		23e. STATE <i>Mo.</i>			
24. FUNERAL DIRECTOR <i>Collier Mortuary, St. Ann, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 12 '58.</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

5.0

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 *No Embalming* Signed *Sheldon Collier*
Signature of Student Embalmer

- Licensed Embalmer No. *3382*
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.