

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022713
STATE FILE NUMBER
2 5748
Registrar No.

FILED JUL 3 1959 Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN OVERLAND 4070	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SACONESS HOSPITAL		d. STREET ADDRESS (If outside, give location) 3816 CALVERT AVE.,	
Length of stay in lb 3 wks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES BOVIER			4. DATE OF DEATH Month Day Year 6-16-1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/15/1908
9. AGE (In years last birthday) 51 1/2		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) hod carrier		10b. KIND OF BUSINESS OR INDUSTRY plastering	11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME EDWARD BOVIER	
13b. MOTHER'S MAIDEN NAME ROSE MOSLEY		14. NAME OF HUSBAND OR WIFE ELEANORA	
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. 499-12-7221	
17. INFORMANT Eleanora Bovier		Address 3816 Calvert	
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>Hepatic Coma</i> DUE TO (b) <i>Cirrhosis of the liver</i> DUE TO (c) <i>581.0</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 19, 1959</i> to <i>June 16, 1959</i> and last saw him alive on <i>June 15, 1959</i> Death occurred at <i>10 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Robert G. Ramsey M.D.</i>		22b. ADDRESS <i>25a S. Flourissant Ferguson Mo.</i>	22c. DATE SIGNED <i>6/16/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE June 19, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Monica's	23d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.
24. FUNERAL DIRECTOR Ortmann Home 9222 Lackland		25. DATE RECD. BY LOCAL REG. JUN 17 '59	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *Al. C. Putnam*

Licensed Embalmer No. *3478*
P. O. Address

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.