

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 4 1960

'59 0 4 5 2 5 9

STATE FILE NUMBER

211609

Registration District No. _____ Primary Registration District No. _____ Registrar's _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY Washington	
Length of stay in 1b		c. CITY OR TOWN Union Twp.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital, Inc.		d. STREET ADDRESS (If outside, give location) Cadet, Missouri	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Ralph Frank Boyer			4. DATE OF DEATH Month Day Year Dec. 14, 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/24/1909	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Old Mines, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ralph Frank Boyer		13b. MOTHER'S MAIDEN NAME Norma Thebeau		14. NAME OF HUSBAND OR WIFE Cecelia 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.		17. INFORMANT Rosa Paul Address Old Mines, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Aortic Stenosis		
DUE TO (b) Surgery performed on the Aorta and the Heart for		
DUE TO (c) Corruption. 721-1		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) While undergoing		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) operation (Heart) at Missouri Pacific Hospital on Dec 14, 1959.	
20c. TIME OF INJURY Hour Month, Day, Year 12 14 59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, office bldg., etc.) Shop	20f. CITY, TOWN, OR LOCATION St. Louis Mo.

21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 1245 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree, if applicable) Joseph J. [Signature]	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 12/15/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 17, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Joachims Cemetery	23d. LOCATION (City, town, or county) Old Mines, Mo.

24. FUNERAL DIRECTOR Smith Funeral Home, Potosi, Mo.	25. DATE RECD. BY LOCAL REG. DEC 15 1959	26. REGISTRAR'S SIGNATURE Carl Smith M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *C. H. Boyer*

Licensed Embalmer No. 4158

P. O. Address Potosi 71

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.