

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024344

FILED VS JUN 27 1960

318 Primary Registration District No. 1003 Registrar's No. 5928

STATE FILE NUMBER

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				Length of stay in 1b		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MISSISSIPPI RIVER INSTITUTION foot of Pine Street				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4654 Virginia Ave	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph James Boyer				4. DATE OF DEATH Month Day Year June 7 <sup>th</sup> 1960			
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 4/20/18	
9. AGE (last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Worker			10b. KIND OF BUSINESS OR INDUSTRY Machinery			11. BIRTHPLACE (City and state or country) St Louis Missouri	
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Alphonsus Boyer		13b. MOTHER'S MAIDEN NAME Marie C Boyer		14. NAME OF HUSBAND OR WIFE Ethel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 2			16. SOCIAL SECURITY NO. 493-05-5299		17. INFORMANT Ethel Boyer		Address 4654 Virginia Ave
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>Asphyxiation due to drowning</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
DUE TO (c) <i>850X</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. 42 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <i>When deceased was thrown from boat in Mississippi</i>			
20c. TIME OF INJURY Hour a.m. p.m. ? ? ?		Month, Day, Year 6. 4. 60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <i>25</i>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>25</i>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		COUNTY		STATE	
21. I attended the deceased from <i>844 P</i> to <i>P</i> and last saw her/him alive on <i>P</i> . Death occurred at <i>844 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Patrick Taylor Casauer</i>				22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>6.9.60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6/10/60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) <i>St Louis Missouri</i>	
24. FUNERAL DIRECTOR <i>Moydell Funeral Home 1926 Allen Ave</i>				25. DATE RECD. BY LOCAL REG. <i>JUN 9 1960</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 5 1960

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harley R. Jaller Jr  
Licensed Embalmer No. 4950

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.