

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042218

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-1876985 SL 7606

STATE FILE NUMBER

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11312

FILED DEC 12 1961

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAINT LOUIS, MISSOURI | | Length of stay in 1b 6 DAYS | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL | | c. CITY OR TOWN SAINT LOUIS, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | d. STREET ADDRESS (If outside, give location) 1315 7th ST., APT. 506 | |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED First Middle Last JOSEPH BOYCE | | | 4. DATE OF DEATH DECEMBER 3, 1961 |
| 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 8-15-86 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLOMBER | | 10b. KIND OF BUSINESS OR INDUSTRY - | 9. AGE (last birthday) 75 |
| | | 11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME ARTHUR BOYCE | | 13b. MOTHER'S MAIDEN NAME BRIDGETT MCNAMARO | 14. NAME OF HUSBAND OR WIFE ROSE BOYCE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI | | 17. INFORMANT Address ROSE BOYCE, SEE # 2d 1315 N. 7th St. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK DUE TO (b) GRAM NEGATIVE SEPTICEMIA DUE TO (c) PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 493x |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC PULMONARY EMPHYSEMA | | | 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 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 a.m. p.m. | Month, Day, Year | | |
| 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, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 11-27-61 to 12-3-61 and last saw him alive on 12-3-61 Death occurred at 10:15 a. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) ARNOLD M. GOLDMAN M.D. | | 22b. ADDRESS VAH, ST. LOUIS, MO. | 22c. DATE SIGNED 12-3-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/6/1961 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Morrell Mortuary 3710 North Grand | | 25. DATE RECD. BY LOCAL REG. DEC 5 1961 | 26. REGISTRAR'S SIGNATURE Kearl Smith M.D. |

STATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lorou E. Percy
Licensed Embalmer No. 4094

P. O. Address St. Louis, Mo

-- -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.