MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021241

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1586

FILED JUN 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14013
24013
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Florissant — Length of stay in 1b: 6 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #1 Reeb Lane — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Florissant — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) #1 Reeb Lane — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: MARY Middle: CELESTE Last: BOYER

4. DATE OF DEATH Month, Day, Year: May 26, 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-11-1882
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St. Genevieve, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Sherlock
13b. MOTHER'S MAIDEN NAME: Mary LaBruyere
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Virginia Mahoney, Address #1 Reeb Lane Florissant, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Occlussion — seconds
DUE TO (c) Arteriosclerotic Heart Disease — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Parkinson's Disease.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1957 to May 26, 1962 and last saw her alive on May 14, 1962
Death occurred at 2:35 PM (DST) on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert C. Clark D.O.
22b. ADDRESS #75 Bellerive Acres St. Louis 21, Mo.
22c. DATE SIGNED 5-26-1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-27-1962
23c. NAME OF CEMETERY OR CREMATORY: St. Joachims
23d. LOCATION (City, town, or county) (State): Old Mines, Mo.

24. FUNERAL DIRECTOR ADDRESS: The Florissant Mortuary, Florissant, Mo.
25. DATE RECD. BY LOCAL REG.: 5-26-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4966

P. O. Address Florissant, 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.