

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11741

1. PLACE OF DEATH

County St. Louis Registration District No. 7917
 Township St. Louis Primary Registration District No. 7008
 City St. Louis (No. St. John's Hospital) St. St. Louis Co. Mo Ward

File No. _____
 Registered No. 2971
 St. _____ Ward _____

2. FULL NAME

Laverne Anna Boyher (Boyher)
 (a) Residence. No. 2514 Bredell Ave St. 12 Ward St. Louis Co. Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 | 7 | 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Virgil Boyher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Thelma Fagan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

14. INFORMANT Virgil Boyher
 (Address) 2514 Bredell Ave

15. FILED 11AR -7 1931 REGISTRAR Max C. ...

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-5 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/5, 1931, to 3/6, 1931, that I last saw her alive on 3/5-6, 1931, and that death occurred, on the date stated above, at 5:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rt. Lobar Pneumonia
108
110A (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Empyema
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 108
 IF NOT AT PLACE OF DEATH, 2514 Bredell

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS trap
 (Signed) Thos. A. Hill, M. D.
 19 (Address) 7346 Manchester, Maplewood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL 3-7 1931

20. UNDERTAKER Kriegshausen Co ADDRESS 410 S. Manchester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

