

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

Do not use this space.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

96
2
7
1932

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6023
 City Clayton (No. 141) St. Louis County Hosp. St. _____ Ward _____

2. FULL NAME Boyer George A. Sr.
 (a) Residence, No. 092 So. Kings Highway St. _____ Ward _____
 (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.

File No. 41519
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>6</u>	<u>7</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 172
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont 2
 13. NAME Anthony Boyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 5

MOTHER
 15. MAIDEN NAME Mary Lorenz 3
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

17. INFORMANT (ADDRESS) Louise Boyer
1092 So. Kings Highway
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 12-29-32
 19. UNDERTAKER Triegskauer Mortuaries
 (ADDRESS) 4228 So. Kings Highway
 20. FILED Dec 27 1932 R. W. Sullivan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

4
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Dec 25, 1932
 I last saw him alive on Dec 25, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Branch pneumonia
59
98 B
107 A
 Other contributory causes of importance:
Diabetes mellitus
Impure night fast
arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify James J. Heller
 (Signed) _____, M. D.
 (Address) St. Louis Cotton Hospital
Clayton, Mo.

