

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township \_\_\_\_\_  
City St. Louis, Mo.

Registration District No. 791  
Primary Registration District No. 1003  
(No. St. Louis Children's Hospital)

File No. 10360  
Registered No. 2932  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Boyer

(a) Residence, No. Potosi Mo St., NR 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 12, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
12 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Missouri

13. NAME C H Boyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Casey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) M.B. Jacobi 500 South Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi, Missouri DATE March 17th 1937

19. UNDERTAKER (ADDRESS) A. S. Woppe 428 N. Pauline

20. FILED MAR 16 1937 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 15, 1937

I last saw him alive on March 15, 1937. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Staphylococcus Pyemia Date of onset

Staphylococcus osteomyelitis of all four extremities

Other contributory causes of importance: remitting fever

superficial abrasion to right knee

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cultures Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accidental date of injury March 15, 1937

Where did injury occur? Potosi Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury fell on ice

Nature of injury abrasion of knee

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Ralph H. Darlow, M. D.

(Signed) Ralph H. Darlow (Address) 500 So. Kingshighway

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.

