

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
 Form 1 X1951

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.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 16

Feb 17 1940 701

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 16

1. PLACE OF DEATH: 1
 (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County Ste Genevieve
 (c) City or town Ste. Genevieve NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sophia Boyer 6010
 3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOW
 6. (b) Name of husband or wife Edwin L. Boyer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 29, 1865.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Ste Genevieve Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 0

12. Name Henry Grobe 6

13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown Walbren

15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Harry Gremminge

(b) Address Ste. Genevieve Missouri

17. (a) Removal (b) Date thereof 1/4/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve Mo

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN - 2 1940 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st
 year 1940 hour 11 minute 45 p. M.

21. I hereby certify that I attended the deceased from 21 Dec, 1939 to Jan 1st, 1940
 that I last saw her alive on Jan 1st, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death anoxemia
anoxemia (dissecting)
abdominal aorta
 Due to _____

Due to 96
Other conditions
Hypostatic pneumonia
pericardial abscess
(peri-coccal)

Major findings: Appendicitis Acute
Of operations
Of autopsy
Anoxemia abd aorta
Hypostatic pneumonia
pericardial abscess

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
 (e) Means of injury 1

23. Signature J. M. McCaughey (M. D. or other)
 Address 505 Humboldt Bldg Date signed 1/2/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Guy W Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.