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No. 2  
11-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16664  
State File No. \_\_\_\_\_  
4142  
Registrar's No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

I. PLACE OF DEATH:

(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: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Ronald Boyer 600  
3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife nil 6. (c) Age of husband or wife if alive nil years

7. Birth date of deceased Oct. 4, 1937  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 7 3 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

12. Name Jerome Boyer

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

14. Maiden name Bessie Politte

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

16. (a) Informant Jerome Boyer

(b) Address 1839a Menard St.

17. (a) Burial (b) Date thereof May 9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) MAY 8 1940 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1839a Menard St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7,  
year 1940 hour 6:05 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April  
30, 1940, to May 7, 1940;  
that I last saw him alive on May 7, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia  
Duration 20 d.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Neural Deficiency  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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)  
(or) Means of injury \_\_\_\_\_

23. Signature W. C. Maydell

Address 1515 Lafayette Date signed 5/8/40

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

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**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 Benz C. Dorman

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

**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.**