S. No. 2
—11-10-39
v. 5-17-39
I X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29516

Registration District No. 775 — Primary Registration District No. 6020A — Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Bonne Terre (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bonne Terre Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six days (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

(c) City or town Desloge (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 EDWARD JOSEPH BOYER

3. (b) If veteran, name war ✓

3. (c) Social Security No. 494-03-8452

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Boyer

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March (Month) 19 (Day) 1888 (Year)

8. AGE: Years 52 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Old Mines (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Rolla Joseph Boyer
13. Birthplace Old Mines (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catherine Boyer
15. Birthplace Old Mines (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Elsie Boyer

(b) Address Desloge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery St Francois

18. (a) Signature of funeral director Benham Und Co

(b) Address 313 Benham St Bonne Terre Mo

19. (a) Sept 9, 1940 (Date received local registrar) (b) N. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-11-40, 19..., to 8-24, 1940 that I last saw him alive on 8-24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Nrasmia & General Toxemia	7 days
Due to Dermatitis & foliate due to use of too strong medicine on Ulcer	8 weeks
Due to Gangrene (Dry) left foot	8 days
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Paul L Jones (M. D. ~~or other~~) 1

Address Flat River, Mo Date signed 8-27-40

(Licensed Embalmer's Statement on Reverse Side)

#5

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre Mo

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.