

Registration District No. **791**Primary Registration District No. **1003**Registrar's No. **2580**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
 (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 **8 Hours**
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Joseph G. Boyer**3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Mary A. Boyer** 6. (c) Age of husband or wife if alive **63** years7. Birth date of deceased **February 18, 1858**
(Month) (Day) (Year)8. AGE: Years **82** Months **6** Days **21** If less than one day hr. min.9. Birthplace **Bavaria** **Germany**
(City, town, or county) (State or foreign country)10. Usual occupation **Laborer**11. Industry or business **Retired**12. Name **Mathias Boyer**13. Birthplace **Germany**
(City, town, or county) (State or foreign country)14. Maiden name **Annio Unknown**15. Birthplace **Germany**
(City, town, or county) (State or foreign country)16. (a) Informant **Mary Boyer**(b) Address **7010 Pennsylvania ave.**17. (a) **Burial** (b) Date thereof **Sept. 12, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: **Mt. Olive Cem.**18. (a) Signature of funeral director **C. Hoffmeister K. & C.**(b) Address **7814 S. Broadway**19. (a) **SEP 9 1940** (b) **J. G. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **7910 Pennsylvania ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **5** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **9**
year **1940** hour **7** minute **40 a.** M.21. I hereby certify that I attended the deceased from **Sept 5,**
1940 to **Sept 8,** 19**40**
that I last saw him alive on **Sept 8,** 19**40**
and that death occurred on the date and hour stated above.Immediate cause of death **Apoplexy**Due to **Hypertension**
Arteriosclerosis

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations **822**

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)
(e) Means of injury _____23. Signature **M. L. Bartnick M.D.** (M. D. or other) **M. D.**Address **7629 1/2 So. Broadway** Date signed **9/18/40**

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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