

Registration District No. 11 1940 91

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7504a N. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 8
(If outside city or town limits, write "RURAL")
(d) Street No. 7504a N. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10,
year 1940 hour 8:50 PM minute _____ M.

21. I hereby certify that I attended the deceased from
Nov 3, 1940, to Nov 10, 1940
that I last saw her alive on Nov 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocardial
infarction
Due to arteritis

Other conditions
Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. M. Egan (M. D. or other) md
Address 4356 Tarnes St. Date signed 11/12/40

3. (a) PRINT FULL NAME Alice J. Boyer

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Philip T. Boyer 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 5, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 5 hr. _____ min.

9. Birthplace Breese, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Anton Dunbeck

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

14. Maiden name Frances Low

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

16. (a) Informant Philip T. Boyer

(b) Address 7504a N. Broadway

17. (a) Burial (b) Date thereof 11/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave
(c) Date received local registrar NOV 12 1940 (Date)

19. (a) NOV 12 1940 (b) _____ (Date received local registrar)

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

William G. Buchholz

Licensed Embalmer No.

2110 0

P. O. Address

St. Louis, 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, fact should be so stated above.