

Alt NOV 23 1948

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Registrar's No. **9471**

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**

(c) Name of hospital or institution: **3408 S. Grand**
5 Little Sisters Of The Poor
(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: **110**

(a) State **Missouri** (b) County **Washington**

(c) City or town **Old Mines**
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Carrick L. Boyer**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **Feb. 16th 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 24 hr. min.

9. Birthplace **Washington County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business.....

MOTHER FATHER

12. Name **Elisha Boyer**

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

14. Maiden name **Ann Lohrer**

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

16. (a) Informant **Bert Boyer**

(b) Address **Old Mines, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-12-42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Old Mines, Mo.**

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

(b) Address **4700 Washington Blvd.**

19. (a) **NOV 19 1942** (Date received local authority) (b) **J.F. Budeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10th** year **1942** hour **11** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **9** to **Nov. 10** 19**42** that I last saw him alive on **Nov 10** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis 2W**
depression
Due to **Arterio-Vascular Card 2 3/4**
disease

Other conditions (Include pregnancy within 3 months of death) **1 2 1**

Major findings: Of operations **1 2 1**
Of autopsy **1 2 1**

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?

23. Signature **J.F. Budeck** (M. D. or other) **11/11/42**
Address **Old Mines, Mo.** Date signed **11/11/42**

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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..... *Albert G. Hoffe*

Licensed Embalmer No. *2971*

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, fact should be so stated above.