

672
S. No. 2
4-9-4-41
4-17-39
PI X29484

8109

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 30 1948

Primary Registration District No.

Registrar's No. 2717

1003

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

1. 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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or days) (Specify whether

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. 2619 S. 7th Street
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Perry Peter Boyer

3. (b) If veteran, name war No 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 Hester Boyer 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 27, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 7 22 hr. min.

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

10. Usual occupation retired

11. Industry or business.....

MOTHER FATHER { 12. Name Samuel Boyer

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

14. Maiden name Rosine Politte

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

16. (a) Informant Hester Boyer

(b) Address 2619 S. 7th Street

17. (a) Burial (b) Date thereof 3-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Stucker-Walden Prod. Co.

(b) Address 3634 Gravois Avenue

19. (a) MAR 22 1948 J. F. Pradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19,
year 1943 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from March 15, 1943 to March 19, 1943
that I last saw him alive on March 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
uremia

Due to Hypertension

Due to nephrosclerosis

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

Major findings:
Of operations.....

Of autopsy above

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) (Means of injury)

23. Signature Louis S. Neudorff, M.D.
Address 1515 Lafayette Avenue Date 3/21/48

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.....

Robert C. White

Licensed Embalmer No.....

2128

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.