

S. No. 2
M-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12571

State File No. _____

FILED APR 26 1944 318

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 3570

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:
1303 Wyoming
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Potosi
(If outside city or town limits, write "RURAL") NR.
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PATRICK JOSEPH BOYER

3. (b) If veteran, No name war _____ 3. (c) Social Security No. No

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14th 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tiff Miner

11. Industry or business Retired

MOTHER, FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde John Boyer
(b) Address 1303 Wyoming

17. (a) Burial (b) Date thereof 4/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) APR 18 1944 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1944 hour 6 minute 15 p. M.

21. I hereby certify that I attended the deceased from April 13, 1944
to April 16, 1944
that I last saw him alive on April 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of large and small intestine Duration 6 months

Due to _____
Due to _____

Other conditions Paralysis of right wrist and forearm 2 years
(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? _____ (c) Means of injury _____

23. Signature Leroy E. Ellison (M. D. or other) MD
Address 3610 Sp. Broadway Date signed 4-16-44

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

0458
3570

0458
3570

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.