

FILED MAY 26 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4341**

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 1/2 Hrs.**
(Specify whether
In this community **20 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0002**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1307 So. 13th**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Pauline Boyer**

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

4. Sex **Fem** / 5. Color or race **W** / 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **Francis Boyer** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **January 11, 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 **4** **2** hr. min.

9. Birthplace **Blackwell, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **John Polliete**

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

14. Maiden name **Unknown**

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

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

(b) Address **4100 S. Main St. St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **May 16, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cem., St. Louis, Mo.**

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

(b) Address **2301 Lafayette Ave., St. Louis, Mo.**

19. (a) **MAY 16 1945** (b) **J. F. Bredek**
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**
year **1945** hour **11** minute **300** M.

21. I hereby certify that I attended the deceased from **Nov. 21**
1944 to **May 12**, 19**45**
that I last saw her alive on **May 12**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis 1 yr.
Hypertension

Due to.....
Due to.....
Other conditions.....
(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?.....

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature **Lucius Bann** (M. D. or other)
Address **1034 Morrison** Date signed **5/16/45**

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

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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 L.R. Casper

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.