S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28863

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7815

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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 600
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17 20
(d) Street No. 2401 CASS AV. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES W. BOYCE
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) ~~Single, widowed~~, married, divorced MARRIED
6. (b) Name of husband or wife ARCTA BOYCE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. (Month) 12 (Day) 1872 (Year)

8. AGE: Years 72 Months 8 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation NIGHT WATERMAN
11. Industry or business
FATHER 12. Name WILLIAM BOYCE
13. Birthplace (City, town, or county) ENGLAND (State or foreign country)
MOTHER 14. Maiden name MARGARET DUNKETT
15. Birthplace (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant Mrs Arcta Boyce
(b) Address 2401 Cass Av
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 6/45 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEWS
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av
19. (a) SEP 6 1945 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1945 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 94a

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 Patrick E. Fitzgerald M.D.
Address Clay E Date signed 9/6/45

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(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Wolbmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

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.