

**FILED** Dec 31 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **10164**

**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:  
**1561 South 2nd, St.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)  
 In this community **2 Years**

**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. **1561 South 2nd, St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

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

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Francis Eugene** 6. (c) Age of husband or wife if alive **57 years**

7. Birth date of deceased **March 1887**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **8** Days **18** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Robart**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Joseph Boyer**  
 (b) Address **1561 South 2nd, St.**

17. (a) **Motor** (Burial, cremation, or removal) (b) Date thereof **11 / 24 / 45**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Old Mines Missouri**

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

(b) Address **2301 Lafayette Ave.**

19. (a) **NOV 24 1945** (Date received at local registrar) (b) **J. F. Bredeek** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **11** day **23**  
 year **45** hour **7** minute **45 A.** - M.

21. I hereby certify that I attended the deceased from **March 26 - 1945**, to **Nov. 23 - 1945**  
 that I last saw her alive on **Nov. 23 - 1945**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Endocarditis**

Due to \_\_\_\_\_

Due to **Chronic Arthritis**

Other conditions **Stability of**  
(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? \_\_\_\_\_

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

23. Signature **C. J. Kueppel** (M.D. or other) \_\_\_\_\_  
 Address **905 Morrison St.** Date signed **11/24/45**

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

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..... *C. W. Cooper* .....  
Licensed Embalmer No. *3830* .....  
P. O. Address..... *2301 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.