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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 338411

FILED DEC 2 1946 #6519

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9799

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-Max C. Starkloff
(If not in hospital or institution, write street number or location)

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

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. 2219 Oregon Avenue
Memorial (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JULIUS H. BOYER

3. (b) If veteran, name war No

3. (c) Social Security No. 490-03-3576

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January 26th - 1919 (Month) (Day) (Year)

8. AGE: Years 27 Months 9 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business .....

MOTHER FATHER

12. Name Perry P. Boyer

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

MOTHER

14. Maiden name Hester Boyer

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

16. (a) Informant Hester Boyer

(b) Address 2219 Oregon Avenue, St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-19-1946 (Month) (Day) (Year)

(c) Place: burial or cremation New - S. S. Peter & Paul Cemetery

18. (a) Signature of funeral director Wacker-Helderle N. & L. Co.

(b) Address 3634 Gravois, St. Louis, Mo

19. (a) NOV 18 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1946 hour 4:12 minute P M.

21. I hereby certify that I attended the deceased from 10/28/46 19..., to Nov. 15th 1946 that I last saw him alive on Nov. 15th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous leukemia — Duration About 8 mos.

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy Myelogenous leukemia

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 Wm. Johnson Jr. M.D. (M. D. or other)

Address 4515 Lafayette Date signed 11/16/46

(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 Robert A Wheeler

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.