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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6048

FILED FEB 17 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1224

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

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: De Paul 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 Wsahington

(c) City or town Old Mines
(If outside city or town limits, write "RURAL")

(d) Street No. NR.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bert L. Boyer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 9 (Day) 1873 (Year)

8. AGE: Years 73 | Months 8 | Days 26 | If less than one day hr. min.

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

10. Usual occupation Retired Police Officer

11. Industry or business

FATHER
12. Name Elisha Boyer
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ann Lore
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Bert Boyer Jr.
(b) Address 1221 Mt. Olive St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines, Mo.

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi, Mo.

19. (a) FEB 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 20, 1946 to Feb 5, 1947 that I last saw him alive on Feb 1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver — Duration 6 mos

Due to

Due to

Other conditions
(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 (e) Means of injury

23. Signature Oliver Abel Jr. (M. D. or other)

Address 4952 Maryland Date signed 2-5-47

(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 B. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.