

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis Mo.
(b) City or town: St. Louis
(c) Name of hospital or institution: W. H. Krayb
(d) Length of stay: Edward
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: 000
(c) City or town: St. Louis
(d) Street No.: La Salle Hotel
25-508 Chestnut
(e) Citizen of foreign country? (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME

John Boye

3. (b) If veteran, name war

None

3. (c) Social Security No. 278-14-0477

4. Sex: Male 5. Color of hair: 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: April 5 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>9</u>	hr. min.

9. Birthplace: Fayette Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Change Man

11. Industry or business: Penny Arcade

12. Name: Unknown

13. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Dee Lang

(b) Address: 101 North Broadway

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 1/20/48
(Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) JAN 19 1948 (b) J. F. Proctor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 14
year: 1948 hour: 11 minute: 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull & subdural hemorrhage suffered when deceased fell through balcony while ascending a stairway and fell to the concrete floor in the basement at the Penny Arcade 101 N. Broadway on Jan 14, 1948.
Outstanding conditions: None
(Includes pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: None
Of operations: _____
Of autopsies: _____

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: Jan 14, 1948
(c) Where did injury occur?: at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?: None
(Specify type of place)
While at work? _____ (e) Means of injury: 6 story
Signature: Patrick E. Taylor (M.D.)
Address: _____ Date signed: 1-19-48

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

MOTHER FATHER

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 Ralph W. Henner

Licensed Embalmer No. 3791

P. O. Address St. Louis, MO

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.