b. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13887

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town ST, Louis, MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital (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. 5800 Arseanl ST (If rural, give location)

13

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

If yes, name country

3. (a) PRINT FULL NAME Wesley Boyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 17 (Day) 1878 (Year)

8. AGE: Years 69 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER 12. Name Albert BoYER

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

MOTHER 14. Maiden name Jane Weismann

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 5-48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ MEMORIAL PK. CEM

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette AV.

19. (a) MAY 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1948 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 7-1-47, to 5-3-48, that I last saw him alive on 5-3-1948 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis — Duration

Necrosis of bladder

Due to Central nervous system lues

Due to Neurogenic bladder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30 C

Of autopsy

PHYSICIAN — 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)

(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 Warren C. Lewis (M. D. or other)

Address 5600 Arsenal Date signed 5-3-48

Jefferson City Printing Co.

(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 Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 La Fayette 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.