

S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

27419

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 25 1948

Registration District No. 376

Primary Registration District No. 3059

Registrar's No. 267

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre, Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town Desloge (If outside city or town limits, write "RURAL") 94
(d) Street No. 705 So. Main (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Octave Boyer

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased March 12 1850
(Month) (Day) (Year)

8. AGE: Years 98 Months 4 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name John Boyer
13. Birthplace Bloomsdale Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Thomure
15. Birthplace Bloomsdale Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Boyer
(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof 8-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Cem.

18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.

19. (a) 8-20-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8
year 1948 hour 6 minute 05 p.m.

21. I hereby certify that I attended the deceased from July 26, 1948 to August 8, 1948
that I last saw him alive on August 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 wks.

Due to arteriosclerotic heart disease

Due to _____

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

Major findings:
Of operations _____
Of autopsy 935

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) (c) Means of injury _____

23. Signature J. I. Foster (M. D. or other) MD
Address Desloge Mo Date signed 8-9-48

RECEIVED

District Health Officer No. 4
District File Number 848-1067
Date filed 8-24-48

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 J. T. Jones
Licensed Embalmer No. 3660
P. O. Address Desloge, 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.