

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5988

1132

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>LEE-HALL-WASHINGTON DR.</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Boyce</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 4 49</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAR. 31-1918</u>	9. AGE (In years last birthday) <u>30</u>	# UNDER 1 YEAR Months _____
# UNDER 1 YEAR Days _____	# UNDER 1 YEAR Hours _____	# UNDER 1 MIN. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>HARRY E BOYCE</u>		13b. MOTHER'S MAIDEN NAME <u>LINNIE MAUDE MCQUIE</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>496-18-9888</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HARRY E. BOYCE - Bruno</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia, Congestive Heart Failure</u>  ANTECEDENT CAUSES DUE TO (b) <u>Urinary failure, Hypertension of Heart Disease</u> DUE TO (c) <u>Chronic Glomerulonephritis.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  13/10/49				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 12, 1949</u> , to <u>Feb 4, 1949</u> , that I last saw the deceased alive on <u>Feb 4, 1949</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dan L. Morgan M.D. U</u>			23b. ADDRESS <u>Barnes Hospital.</u>		23c. DATE SIGNED <u>2/4/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>FEB-7-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO. MO</u>		
DATE REC'D BY LOCAL REG. <u>FEB 6 1949</u>	REGISTRAR'S SIGNATURE <u>J B Sasaler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PARKER UNDERTAKING CO.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

C. G. Aldrich, M.D.

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

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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.....

....., Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Leslie Welch*

Signed.....

Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address *Webster Avenue M*

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.