

FILED AUG 14 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 24580

Registrar's No. 6713

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.													
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY															
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		d. FULL NAME OF HOSPITAL OR INSTITUTION													
St. Louis		3570		St. Louis 2219		2207 Delmar													
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)							
Mallisa			Boyley						8			4 50							
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.							
Female		col		Widowed		APR. 17, 1870		80		Months		Days							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?							
None				None				Hohenlinden, Miss.				USA							
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE											
Unknown				Lucinda Starks				Bertha Moten											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME				ADDRESS							
No								Bertha Moten				2207 Delmar							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)												myo. Carditis Chroni							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.												ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												DUE TO (b)							
												DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS												Conditions contributing to the death but not related to the disease or condition causing death.				Rheumatism & acute nephritis			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input 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?				H22.2							
22. I hereby certify that I attended the deceased from June 1, 1947, to 8-4, 1950, that I last saw the deceased alive on 8-3, 1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above.																			
23a. SIGNATURE (Degree or title)				23b. ADDRESS				23c. DATE SIGNED											
J. B. Fasater M.D.				1011 1/2 N. Emerson				8-9-50											
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)									
Burial				8-8-50		Washington Park				St. Louis County, Mo.									
DATE REC'D BY LOCAL REG.				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS							
AUG 7 1950				J. B. Fasater				A. L. Beal, Inc.				4303 Delmar							

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

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 _____

working under my personal supervision.

~~Student Embalmer No.~~.....

Signed Leroy H. Bannister

Signed.....
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Eustace 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.