

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2238298
9703
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 11 years
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hosp. e. STREET ADDRESS (If rural, give location) 1000 4138 Fair Ave.

3. NAME OF DECEASED a. (First) Kenneth b. (Middle) Gaylon c. (Last) Boyer 4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 8. DATE OF BIRTH Aug. 8, 1939 9. AGE (In years last birthday) 11 3 6 IF UNDER 21 YRS. Hours Min.

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) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Fred M. Boyer 13b. MOTHER'S MAIDEN NAME Margie Crovisier 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) no 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rev. Harry Branding 4019 Juniper St.

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) Cerebral apoplexy 2 days
result of embolism
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) yeast infection of lung and osseous 4 mo.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 1334 X

22. I hereby certify that I attended the deceased from 9/20/1950 to 11/14/1950, that I last saw the deceased alive on 11/14/1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. B. Michael (Degree or title) M.D. 23b. ADDRESS 812 Olive St. Louis 23c. DATE SIGNED 11/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 17, 1950 24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens, St. Charles, Mo. 24d. LOCATION (City, town, or county) (State) St. Charles, Mo.

DATE REC'D BY LOCAL REG. NOV 15 1950 REGISTRAR'S SIGNATURE J. B. Croater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bull-Campbell Mortuary 425 Linden St.

WRITE PLAINLY—USING UNFADING 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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Rex E Campbell

Licensed Embalmer No. *3881*

P. O. Address *Harris, 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.