

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9908

State File No. 2824
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		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 <i>ST Louis</i>				c. LENGTH OF STAY (In this place) township) <i>3 Weeks</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Festus</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Johns Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>407 North 2nd Street</i>					
3. NAME OF DECEASED (Type or Print)			a. (First) <i>Jacob</i>		b. (Middle) <i>E.</i>		c. (Last) <i>Boyer</i>		
4. DATE OF DEATH		(Month) (Day) (Year)		<i>March 24, 1951</i>					
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>March 4, 1890</i>		9. AGE (In years last birthday) Months Days Hours Min. <i>61 20</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Foreman, Glass</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>P.P.G. Co</i>		11. BIRTHPLACE (State or foreign country) <i>Iron Mountain, Mo</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Ben Boyer</i>			13b. MOTHER'S MAIDEN NAME <i>Alice Portell</i>			14. NAME OF HUSBAND OR WIFE <i>Johannah Boyer</i>			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Johannah Boyer, Festus, Mo.</i>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchogenic Carcinoma</i>						INTERVAL BETWEEN ONSET AND DEATH <i>6 Mo?</i>	
		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.							
19a. DATE OF OPERATION <i>3/7/51</i>		19b. MAJOR FINDINGS OF OPERATION <i>Confirmed above</i>						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?					
22. I hereby certify that I attended the deceased from <i>3/1</i> , 1951, to <i>3/24</i> , 1951, that I last saw the deceased alive on <i>3/23</i> , 1951, and that death occurred at <i>live p m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>James L. ...</i> (Degree or title)				23b. ADDRESS <i>629 N Grand Blvd</i>			23c. DATE SIGNED <i>3/26/51</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>MARCH 28, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Catholic Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Crystal City, MO</i>			
DATE REC'D BY LOCAL REG. <i>MAR 27 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Kasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Anthony Politti</i>		ADDRESS <i>Crystal City, Mo.</i>			

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

Wm. M. M. M.

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 *Gentry C. Politte*

Signed.....

Student Embalmer

Licensed Embalmer No. *3781*

P. O. Address *Crystal City, 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.