S. No. 300
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FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10911

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 492

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~ST. LOUIS~~, FERGUSON
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): OAKNOLE HOME 37 N. CLARK AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FST. LOUIS, 2059
d. STREET ADDRESS (If rural, give location): 8614 PARTRIDGE AVE

3. NAME OF DECEASED (Type or Print)
a. (First): KATE
b. (Middle):
c. (Last): BOYCE

4. DATE OF DEATH (Month) (Day) (Year): 2/22/1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 2/19/~~1951~~ 1867
9. AGE (In years last birthday): 84 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE HENSIEK
13b. MOTHER'S MAIDEN NAME: MARY COBECK
14. NAME OF HUSBAND OR WIFE: EDWARD S. BOYCE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service): NO.
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: HELEN SPENGLER 8614 PARTRIDGE AVE

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart block — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarction — 2 days.
DUE TO (c) Arteriosclerotic Heart disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac decompensation — 1 year
Skin cancer of face — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 19, 1950, *to* Feb 22, 1951, *that I last saw the deceased alive on* Feb 20, 1951, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis Littmann MD
23b. ADDRESS: 8231 Clayton Rd (17)
23c. DATE SIGNED: 2/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2/24/51
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MISSOURI

DATE REC'D BY LOCAL REG.: 2/22/51
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE AVE

(Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No.....

Signed Ronald Q. Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St. Louis 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.