

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17859

State File No. ....

5130

FILED JUN 15 1951

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 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 <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>5 1/2 yrs.</u>		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of Poor</u>		e. STREET ADDRESS (If rural, give location) <u>3225 N. Florissant Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophie</u> b. (Middle) <u>Julia</u> c. (Last) <u>Boyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1951</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. 2</u>	8. DATE OF BIRTH <u>July 14, 1861</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bloomdsale, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Francis Carron</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Charleville</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Ely Boyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Kostak, 407 N. Elmhurst Ave.</u>	

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>Sudden Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH <u>???</u> <u>???</u>
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>422.2</u>	
22. I hereby certify that I attended the deceased from <u>May 12, 1951</u> , to <u>June 3, 1951</u> , that I last saw the deceased alive on <u>June 1, 1951</u> , 19 <u>51</u> , and that death occurred at <u>6 P.M.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>Edward H. Roth</u>		(Degree or title)		23b. ADDRESS <u>2435 N. Grand Blvd.</u>		23c. DATE SIGNED <u>6-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Manchester, Mo.</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 4 1951</u> <u>J. B. Sasser</u>		FUNDAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly</u> <u>3840 Lindell B lvd.</u>	
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(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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.