

No. 300
10.48

APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9723

State File No. 2746
Registrar's No. 1003

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 <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>2 WKS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2239</u>		d. STREET ADDRESS (If rural, give location) <u>2313rd LYNCH ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROS. HOSPITAL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 23 1952</u>	
3. NAME OF DECEASED (Type or Print). a. (First) <u>ELMER</u> b. (Middle) <u>BOYER</u> c. (Last)		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>APRIL 22-1887</u>		9. AGE (In years last birthday) <u>64</u> 10. UNDER 1 YEAR Months Days 11. UNDER 1 MTH. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TIFF MINER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DAVID BOYER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>NEALY BOYER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> 16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>NEALY BOYER</u>		17. ADDRESS <u>2313rd LYNCH</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive - cardio-vascular renal disease</u> DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> 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 <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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>HH-2X</u>		22. I hereby certify that I attended the deceased from <u>3 March, 1952</u> , to <u>23 March, 1952</u> , that I last saw the deceased alive on <u>22 Mar, 1952</u> , and that death occurred at <u>2:30 P m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Robert S. Nye, M.D.</u>		23b. ADDRESS <u>3201 Arsenal St.</u>	
23c. DATE SIGNED <u>24 Mar, '52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>3-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CEMA</u>	
24d. LOCATION (City, town, or county) (State) <u>TIFF MISSOURI</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	
MAR 24 1952		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kettis</u>	
MAR 24 1952		ADDRESS <u>2906 Travis</u>	

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 Samuel Hill

Licensed Embalmer No. 43474

P. O. Address 2906 Davis

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.