

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

LED MAR 18 1953
BIRTH NO. 10900 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. 11283 Registrar's No. 2076

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. CITY OR TOWN <u>ST Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST John's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>22 2808 PUTGER 2229</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVIS</u> b. (Middle) <u>Lee</u> c. (Last) <u>Boyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-22-53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>2-6-53</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>ST Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fabian Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Putek</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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 <u>Fabian Boyer St Louis, Mo.</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>Conyantal Atelectasis</u> ANTECEDENT CAUSES DUE TO (b) <u>Pre Maturity - 26 weeks</u> DUE TO (c) <u>Gestation</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 checked="" 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? <u>7625 TTX</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, 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>John Boneill M.D.</u>		23b. ADDRESS <u>634 North Grand St. Louis Mo</u>	23c. DATE SIGNED <u>2/23/53</u>
24a. BIRTHAL. CREMA- TION. REMOVAL (Specify)	24b. DATE <u>2-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, MO.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 24 1953</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Country R. Polittle Crystal City Mo.</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.....
Signature of Student Embalmer

Signed *Gentry R. Politte*
Licensed Embalmer No. *34*
P. O. Address *Crystal*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.