

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1953

State File No. **11284**  
REGISTRAR'S No. **3009**

BIRTH NO. \_\_\_\_\_ 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 <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>St. Louis</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>Jennings, MO</b> <b>St. Louis CO.</b> 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 <b>Minerva &amp; Hodiament Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>#2 Lamar Dr. Jennings, MO</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ernest</b>	b. (Middle) <b>J.</b>	c. (Last) <b>Boyer.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 17, 1953</b>
-------------------------------------	--------------------------	-----------------------	-------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 11, 1891</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 1 HR. Hours <b>6</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--------------------	-------------------------------	---	--------------------------------------	---	---------------------------------	-------------------------------	--	--	--

13a. FATHER'S NAME <b>James F. Boyer.</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Williams.</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth Boyer.</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Boyer</b>	ADDRESS <b>#2 Lamar DR. Jennings MO</b>
--	-------------------------------------	---	---

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		INTERVAL BETWEEN ONSET AND DEATH <b>2 MIN.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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	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? <b>4201</b>
---	--	--

22. I hereby certify that I attended the deceased from **JAN 1, 1953**, to **MARCH 17, 1953**, that I last saw the deceased alive on **MARCH 17, 1953**, and that death occurred at **2 PM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Burke O. Watt</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1194 Hodiament</b>	23c. DATE SIGNED <b>3-18-53</b>
-------------------------------------	-------------------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 20, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, CO. MO.</b>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>MAR 19 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz-Koeller</b>	ADDRESS <b>5967 W. Florissant Av</b>
---	--	--	--------------------------------------

(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.....  
Signature of Student Embalmer

Signed *W. G. Bush*.....

Licensed Embalmer No. *455*.....

P. O. Address *A. Lane*.....

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.