

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32935**  
Registrar's No. **8316**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>St. Louis</b>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>3914 Turner Ave. 2109</b>		
3. NAME OF DECEASED (Type or Print) <b>LOUISE BOYER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 25, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 26, 1881</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____
IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Winchester, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	13a. FATHER'S NAME <b>John Mirus</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Allison</b>		14. NAME OF HUSBAND OR WIFE <b>John Boyer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Boyer, 3914 Turner Ave.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinomatosis</b> ANTECEDENT CAUSES <b>Carcinoma of ovary</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>175X</b>				
22. I hereby certify that I attended the deceased from <b>8-12-53</b> , 19____, to <b>8-25-53</b> , 19____, that I last saw the deceased alive on <b>8-25-53</b> , 19____, and that death occurred at <b>2:00P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Joseph V. O'Donnell, M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>8-26-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8/28/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		
DATE REC'D BY LOCAL OFFICE <b>AUG 27 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PROVOST UND. CO., 3710 No. Grand Bl.</b>		

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 *Robert M. Murray*  
Licensed Embalmer No. *3749*  
P. O. Address *St. Louis*

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.