

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17400

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1138

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>Saint Louis Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		• STREET ADDRESS (If rural, give location) <u>4957 Neosho St/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Boyd</u> (First) <u>Boyd</u> (Middle) <u>Joseph</u> (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1954.</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>Dec. 30th, 1941.</u>
9. AGE (In years last birthday) <u>12</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</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>Burl Thomas</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Markham</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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 <u>Dorothy Lashen</u> ADDRESS <u>4957 Neosho St.</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia by drowning while he was a passenger in a 12 ft. boat powered by a gasoline motor, and being operated by Jake Jennewein, 4985 Seibert Ave., while in the Meramec River near Bauer Rd.</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
II. OTHER SIGNIFICANT CONDITIONS which in some undetermined manner capsized throwing him into the water. The body			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>was recovered 5/16/54</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>851X</u>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>38</u> (COUNTY) <u>St. Louis Mo.</u> (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5/15/54 5:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Boat capsized throwing him into the water</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 _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Donald A. Williams</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>5/19/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 19, 1954.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Lutheran</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	24e. ADDRESS <u>2000 Lemay Ferry Road, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/17/54</u>	REGISTRAR'S SIGNATURE <u>Harbert S. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ben ...</u> ADDRESS <u>6409 Gravois Ave.</u>

(Licensed Embalmer's Signature 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 *James M. Simon*.....
Licensed Embalmer No. *434*.....
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.