

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN Crystal City		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 St. John's Hospital				e. STREET ADDRESS (If rural, give location) 1205 Kenner Street			
3. NAME OF DECEASED (Type or Print) a. (First) Rena		b. (Middle) Nora		c. (Last) Boyer		4. DATE OF DEATH (Month) (Day) (Year) Mar 20, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr 19, 1887	
9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Richwoods, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Roscoe Polittle		13b. MOTHER'S MAIDEN NAME Mary DeClue		14. NAME OF HUSBAND OR WIFE Simon Boyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Simon Boyer, 1205 Kenner, Crvstal City			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Sclerosis Cerebral sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Arteriosclerosis 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 1 week	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 334x				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) St. Louis Jeff			
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 3-15-56 3/13-20-56			
22. I hereby certify that I attended the deceased from 7/13/56 , 19 56 , to 3/20/56 , 19 56 , that I last saw the deceased alive on 3-20- , 19 56 , and that death occurred at 3P m., from the causes and on the date stated above.							
23a. SIGNATURE O.P.J. Falk				23b. ADDRESS St. John's Hosp St. John's Hospital		23c. DATE SIGNED 3-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar 23, 1956		24c. NAME OF CEMETERY OR CREMATORY Festus Catholic		24d. LOCATION (City, town, or county) (State) Festus, Missouri	
DATE REC'D BY LOCAL REG. MAR 23 1956		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE Wm. V. Simpson		ADDRESS Festus, Mo	

SEP 11 1957

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 *Richard B. Venzura*

Licensed Embalmer No. 49

P. O. Address *Festus,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.