

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015563  
Star File No.

FILED APR 23 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4132**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)  
**OR** **Town St. Louis** **19 days**  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**24 St. Louis Children's Hosp**  
e. STREET ADDRESS (If rural, give location)  
**269 1420 Hebert**

3. NAME OF DECEASED (Type or Print) a. (First) **LINDA** b. (Middle) **DIANNE** c. (Last) **BOYERS** 4. DATE OF DEATH (Month) (Day) (Year)  
**4 13 58**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married** 8. DATE OF BIRTH **12/1/51** 9. AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 11 HRS.  
**6** Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and State or Foreign Country) **Bonne Terre, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **John Frank Boyers** 13b. MOTHER'S MAIDEN NAME **Edna Williams** 14. NAME OF HUSBAND OR WIFE **none**

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 ADDRESS  
**Ida Toibb-500 S. Kingshighway**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Monocytic Leukemia**  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) **204.2**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**Hypostatic pneumonia**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY?  YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **3/24**, 19**58**, to **4/13**, 19**58** that I last saw the deceased alive on **4/13**, 19**58**, and that death occurred at **5:25a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Gilda J. Wohltmann M.D.** 23b. ADDRESS **500 S. Kingshighway** 23c. DATE SIGNED **4/13/58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4/16/58** 24c. NAME OF CEMETERY OR CREMATORY **Mount Hope Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL HEALTH DEPT. **APR 15 58** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **CALVIN F. FEUTZ 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.**

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..... *John A. M... ..*

Licensed Embalmer No. *418*

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.