URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 22 1959

59-033597

STATE FILE NUMBER 2 8422

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6428 Colorado
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6428 Colorado
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Lester Middle: R. Last: Boyden
4. DATE OF DEATH: Month: Sept. Day: 10 Year: 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Mar. 4, 1903
9. AGE (last birthday): 56
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipefitter
10b. KIND OF BUSINESS OR INDUSTRY: Monsanto Chem. Co.
11. BIRTHPLACE (City and state or country): Troy, Ohio
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Boyden
13b. MOTHER'S MAIDEN NAME: Stella Weatherhead
14. NAME OF HUSBAND OR WIFE: Frances C. Boyden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes Peacetime
16. SOCIAL SECURITY NO.:
17. INFORMANT: Frances C. Boyden Address: 6428 Colorado

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ACUTE PULMONARY EDEMA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART 420.0
DUE TO (c): DISEASE & DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): RECENT MYOCARDIAL INFARCTION
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from JULY 6, 1959, to SEPT 10, 1959 and last saw her/him alive on SEPT 8, 1959
Death occurred at 430 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Joseph R. Wacker (Degree or title) M.D.
22b. ADDRESS: 634 NORTH GRAND
22c. DATE SIGNED: 9/11/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9-14-59
23c. NAME OF CEMETERY OR CREMATORY: Lakewood Park
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR: Southern Funeral Home ADDRESS: 6322 S. Grand, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: SEP 1 1959
26. REGISTRAR'S SIGNATURE: Hal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Dr. [illegible]
[illegible]

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address St Louis Sne

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