

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 FILED VS JAN 29 1960

STATE FILE NUMBER  
**59-046940**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 12238**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis MO</b>		a. STATE <b>MO</b> b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>112 1/2 No. 6th St</b>		c. CITY OR TOWN <b>St. Louis MO</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>112 No. 6th St</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>ELMER E. BOLING</b>			4. DATE OF DEATH <b>12 26 59</b>		
5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>			7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH <b>5 34</b>			9. AGE (last birthday) <b>54</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>W.K.</b>		
11. BIRTHPLACE (City and state or country) <b>Arizona</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>W.K.</b>		13b. MOTHER'S MAIDEN NAME <b>W.K.</b>		14. NAME OF HUSBAND OR WIFE <b>W.K.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or states of service) <b>W.K.</b>		16. SOCIAL SECURITY NO. <b>W.K.</b>		17. INFORMANT <b>G. Conway</b> Address <b>1300 Clark</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Chronic Myocarditis with Infarction and Coronary Occlusion of the Right Side which caused all these pathological findings in**

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **The Endocardium and Muscular Wall.**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>420.1</b>
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Joseph M. Zuercher</b>	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>12/31/59</b>
23. BURIAL, CREMATION, REMOVAL (Specify) _____	23b. DATE <b>1/30/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>
23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>		(State) _____

24. GENERAL DIRECTOR <b>Rowland Aker Mortuary Service</b> 4104 Manchester Ave. St. Louis 10, Mo.	25. DATE RECD. BY LOCAL REG. <b>JAN 16 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b> m & B
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.