URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009326

FILED/VS MAR 1 0 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 457

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OLIVETTE — Length of stay in 1b 10 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONHOMME RESTORIUM — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5610 ENRIGHT — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle JANE Last BOYER

4. DATE OF DEATH Month FEB Day 9 Year 1960

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH JULY 15 1863
9. AGE (last birthday) 96 — 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) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) ALLEGHANY Co. PA
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JAMES McCLURE
13b. MOTHER'S MAIDEN NAME MARY BOSLAND
14. NAME OF HUSBAND OR WIFE E. E. BOYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. ?
17. INFORMANT MARTHA MAE BOYER Address 5610 ENRIGHT ST. LOUIS Mo.

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 — INTERVAL BETWEEN ONSET AND DEATH 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis, general — 10 years
DUE TO (c) 422.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 Feb 2 1945, to Feb 9, 1960 and last saw her/him alive on Feb. 9, 1960
Death occurred at 8 25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas Beckle M.D
22b. ADDRESS 3720 Washington
22c. DATE SIGNED 2-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE FEB. 11, 1960
23c. NAME OF CEMETERY OR CREMATORY WOODLAWN
23d. LOCATION (City, town, or county) DE SOTO (State) Mo.

24. FUNERAL DIRECTOR ADDRESS D. B. DIETRICH DE SOTO, Mo.
25. DATE RECD. BY LOCAL REG. 2-11-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Donnell Fred Dietrich, Student Embalmer No. 588

working under my personal supervision.

Student Donnell Fred Dietrich Signed Donnell B. Dietrich

Signature of Student Embalmer

Licensed Embalmer No. 4104

P. O. Address Delta M

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.