URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-017854

FILED VS MAY 6 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1356

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester, Missouri. Length of stay in 1b 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute St.Louis County Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST Louis
c. CITY OR TOWN Manchester Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Hi 141 R. R. No. 2 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lester Middle James Last Boquett
4. DATE OF DEATH Month April Day 21, Year 1960.

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10/18/1912
9. AGE (last birthday) 47 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) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Elec. Contracting
11. BIRTHPLACE (City and state or country) St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Boquett
13b. MOTHER'S MAIDEN NAME Nellie Unavailable
14. NAME OF HUSBAND OR WIFE Alice Fleming Boquett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 11
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Alice Fleming Boquett, RR2,Manchester,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) Gunshot wound (shot gun) in mouth superiorly through palate into base of brain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 ☐ Partial
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted gunshot wound
20c. TIME OF INJURY Hour a.m. Month, Day, Year 8:15 ~~XX~~ 4/21/60
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.) exterior home premises
20f. CITY, TOWN, OR LOCATION COUNTY STATE Manchester, St. Louis, Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond [illegible] Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 4/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 4/25/60
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe,Inc., 4700 Washington Blvd.,
25. DATE RECD. BY LOCAL REG. 4-25-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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 R. W. Wilkinson

Licensed Embalmer No. 357

P. O. Address St Louis

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