

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

FILED VS OCT 24 1960

-60-040425-

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2820 STATE FILE NUMBER

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KIRKWOOD</b>		Length of stay in 1b	c. CITY OR TOWN <b>FESTUS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSP.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>850 VINE STREET</b>
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>N.</b> Last <b>BOYER</b>		4. DATE OF DEATH Month <b>SEPT.</b> Day <b>21,</b> Year <b>1960</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-24-1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	9. AGE (last birthday) <b>59</b>
13a. FATHER'S NAME <b>NERSEA GOVERO</b>		13b. MOTHER'S MAIDEN NAME <b>NORA COLEMAN</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If <del>yes</del> give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>CARRICK J. BOYER FESTUS, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive protein loss as result of extensive cutaneous burns over approximately 75% of her body</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Jar of gasoline was dropped in basement and broken; gasoline came in contact with flame on gas heater and exploded, burning subject</b>	
20c. TIME OF INJURY Hour <b>6:30</b> p.m. Month, Day, Year <b>9/20/60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>basement of home</b>	20f. CITY, TOWN, OR LOCATION <b>Festus Jefferson Missouri</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>6:30 P.M. 7900p.m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jaymes Hand</i> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Clayton, Mo.</b>	22c. DATE SIGNED <b>10/6/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>9-24-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CATHOLIC</b>	23d. LOCATION (City, town, or county) (State) <b>CRYSTAL CITY, MO.</b>
24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE CRYSTAL CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-24-60</b>	26. REGISTRAR'S SIGNATURE <i>J. B. Murphy M.D.</i>

SEP 12 1960 SA

**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, Gentry R. Pol

Licensed Embalmer No. 348

P. O. Address Crystal

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.