MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE Mr. Quinn-Coroner's Office to OK certificate

63-045251

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12000

FILED DEC 1 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — 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): 3823 Kossuth Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LARRY (Lawrence) Middle E. Last BOYER

4. DATE OF DEATH: Month December Day 3 Year 1963

5. SEX: M.
6. COLOR OR RACE: W.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/30/56
9. AGE (last birthday): 7 — 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): Child
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (City and state or country): Washington Co.Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Clarence Boyer
13b. MOTHER'S MAIDEN NAME: Dorothy Trokey
14. NAME OF HUSBAND OR WIFE: U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi[illegible]
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. C.Boyer Address: 3823 Kossuth Ave.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Body burns 65%, 3rd degree — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) — DUE TO (c) 916.0-16
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

OK Jeff Quinn Dep. 12-5-63

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.) Clothes caught fire while playing with can of gasoline and matches
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 11 11 63
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.): At home 10
20f. CITY, TOWN, OR LOCATION: St. Louis — COUNTY — STATE: Missouri

21. I attended the deceased from 11/25/63, to 12/3/63 and last saw him alive on 12/3/63
Death occurred at 9:55 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. O. Vermillion, M.D. M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 12/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/6/63
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR: Robert D. Kinealy ADDRESS: 2228 St.LouisAve.
25. DATE RECD. BY LOCAL REG.: DEC 5 1963
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Herbert J. Stan Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo.

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.