OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33058
Do not use this space.

1. PLACE OF DEATH 4241w Maffitt St

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 9112

(c) City St. Louis (d) Street No. ..... St.

(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Callie Boykins

(a) Residence, No. 4241w Maffit St St. 11 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Boykins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9th 1874

7. AGE: Years 63 Months 0 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cub Lake (STATE OR COUNTRY) Miss

FATHER
13. NAME Washington Jones
14. BIRTHPLACE (CITY OR TOWN) Cub Lake (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Callie Pillow
16. BIRTHPLACE (CITY OR TOWN) Cub Lake (STATE OR COUNTRY) Miss

17. INFORMANT Melvin Boykins (ADDRESS) 4240 North Market St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 9/29/37, 19

19. FUNERAL DIRECTOR Jas. H. Randle & Son (ADDRESS) 920 No. Leonard Ave

20. FILED SEP 29 1937, 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to Sept. 27, 1937. I last saw her alive on Sept. 25, 1937. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	1936

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. H. Clark, M. D.
(Address) 3602 Franklin

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hellard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Arthur L. Hellard

Licensed Embalmer No. 3389

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)