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.

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

REC'D APR 1 1938

791

8675
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 2264
(c) City ST. LOUIS MO. (d) Street No. 2639 RUTGER ST St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JEANETTE BOYD, 300
(a) Residence, No. 2639 RUTGER ST. St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN BOYD.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 15-1858
7. AGE: Years 79 | Months 11 | Days 17 | If LESS than 1 day, ....hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND.

FATHER
13. NAME JOHN BOYD.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND.

MOTHER
15. MAIDEN NAME MARGARET CALDWELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND.

17. INFORMANT James BOYD
(ADDRESS) 2639 RUTGER ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEWSTMARCUS DATE MARCH 7 1938

19. FUNERAL DIRECTOR E. J. Schmurr
(ADDRESS) 3125 Lafayette Ave

20. FILED MAR 7 1938 J. H. Budeck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 4 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937, to 3-4, 1938
I last saw h... alive on 3-1-, 1938. Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
nephritis
Bright's

Date of onset

Other contributory causes of importance:
Arthritis

Name of operation — Date of ....
What test confirmed diagnosis? clinical Was there an autopsy? No

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? .....
If so, specify .....
(Signed) Leo V. Strauss, M. D.
(Address) 2836 Southwest St. Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I, Joseph Vollmer, Licensed Embalmer No. 4014

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

L. E.

No. or by , Registered Apprentice No. L

working under my personal supervision.

Signed Joseph Vollmer

Licensed Embalmer No. 4014

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