

REC'D APR 12 1939

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

8459
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** Registered No. **2224**
(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 **18** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Purvis Boykins
(a) Residence, No. **1431 R. Franklin** St. **25**
(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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 6, 1903**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
35 2 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **Tennessee**
13. NAME **Walter Boykins**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**
15. MAIDEN NAME **Minnie Haley**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**
17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL **Washington Park** DATE **3/8 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **McDowell**
3506 Franklin Ave.

20. FILED **MAR 8 1939** **J. P. Bickel** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 2**, 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 26**, 19 **39**, to **March 2**, 19 **39**

I last saw him alive on **March 2**, 19 **39**. Death is said to have occurred on the date stated above, at **10:35a.**

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia - type 18

Date of onset
2/26/39

Other contributory causes of importance:

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) **J. P. Bickel**, M. D.
(Address) **2601 N Whittier**

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~by~~

William C. McDowell, Registered Apprentice No. _____
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2119
P. O. Address 3506 Franklin

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 this body is not embalmed, above space should be left blank.