

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13359

State File No.

3561

MAY 15 1940

Registration District No. 91

Primary Registration District No. 1003

Registrar's No.

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.

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside of city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis Veterans Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME James Boyce

3. (b) If veteran, name war. No. No. Veteran

3. (c) Social Security No. 9211  
497-03-6588

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ophelia Boyce

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Sept. 15, 1884  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	7	2	hr. min.

9. Birthplace Sparta Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name John Boyce

13. Birthplace Sparta Ill  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Sparta Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ophelia Boyce

(b) Address 1225 A.N. Prairie Ave.

17. (a) \_\_\_\_\_ (b) Date thereof April 22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 3100 Easton Ave.

19. (a) APR 19 1940 (b) \_\_\_\_\_  
(Date received at Registrar's Office) (Registrar's Signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis 11  
(If outside city or town limits, write "RURAL")

(d) Street No. 1225 A.N. Prairie  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 17  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Pericardial Haemorrhage  
Diffuse Myocardial Sclerosis  
Chronic Myocarditis  
Chronic Interstitial

Other conditions:  
Chronic Interstitial  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Myocarditis

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?  
While at work? \_\_\_\_\_  
(Specify time of place) (Specify means of transport)

23. Signature J. B. [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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 me

Chas. Harris, Registered Apprentice No. 2349  
working under my personal supervision.

Signed Chas Harris  
Licensed Embalmer No. 2349

P. O. Address \_\_\_\_\_

**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.**