

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7751

REC'D JUL 25 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Boyd Proffitt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 1, 1901
(Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Hum, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur Police

11. Industry or business _____

MOTHER { 12. Name Eck Proffitt

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

14. Maiden name Laura Lenox

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

16. (a) Informant Irene Proffitt

(b) Address 3736a St. Louis

17. (a) Burial (b) Date of burial Sept. 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram, Cem

18. (a) Signature of funeral director Sullivan

(b) Address 2849 N. Euclid

19. (a) SEP 17 1940 (b) J. J. Proffitt
(Date of civil registration) (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. 3736a St. Louis Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1940 hour 1:49 minute A. 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 Cerebral bleed

from self administered

Due to at his home 3736a

Due to St. Louis Ave on Sept

Other conditions Sept 1940
(Include preceding within 3 months of death)

Major findings: Of operations Suicide

Of autopsy _____

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) Suicide

(b) Date of occurrence 9/16/40

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(b) Means of injury _____

23. Signature Joseph M. Leeman (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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3077

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.