No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13062

FILED MAY 13 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3492

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2836 a Cass Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lawrence Boyd

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Negro

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

6. (b) Name of husband or wife Asmar Boyd

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

7. Birth date of deceased July (Month) 30 (Day) 1866 (Year)

8. AGE: Years 84 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace (City, town, or county) N. C. (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Charles Boyd
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary (Unknown) Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Esther Mayo Sherard
(b) Address 2601 N. Whittier St.

17. (a) (Burial, cremation, or removal) (b) Date thereof 4/29/41 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Jos Hamilton
(b) Address City Health Dept

19. (a) APR 23 1941 (Date received local registrar) (b) J. W. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st.
year 1941 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from March 22, 1941, to April 1, 1941,
that I last saw him alive on April 1, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Lung	10 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations As above
Of autopsy As above

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, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edward C. Cutosh (M. D. or other)
Address 2601 N. Whittier St. Date signed 4-19-41

(Licensed Embalmer's Statement on Reverse Side)

4-2-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.