No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23846
Registrar's No. 6188

Registration District No. 741 Primary Registration District No. 1063

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: Enroute to City Hospital #1 (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 life 3

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. 1519 Market Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HARRY BOYD
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife *******
6. (c) Age of husband or wife if alive ******* years
7. Birth date of deceased August 14 1884 (Month) (Day) (Year)
8. AGE: Years 56 Months 11 Days 13 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business McLaughlin Funeral Home
MOTHER FATHER
12. Name Alexander Boyd
13. Birthplace Scotland (City, town, or county) 4 (State or foreign country)
14. Maiden name Mary Beruth
15. Birthplace St. Louis, Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 194 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) JUL 29 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1941 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Exsanguination & evisceration & fracture of the spine when he stepped in front of a truck & was run over by same driven by one Peter
Due to Potje about 12:15 P.M. July 27, 1941 at 21st & Market Street
Other conditions (Include pregnancy within 3 months of death) 0
Major findings: Of operations
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) Accident
(b) Date of occurrence July 27, 1941
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address [signature] Date signed 7/29/41

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

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