

RECEIVED OCT 18 1941
791

Registration District No. **1003** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3869 Sullivan Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 10 12
(If outside city or town limits, write "RURAL")
(d) Street No. 3869 Sullivan Ave 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7,
year 1941 hour 9:30 PM minute _____ M.
21. I hereby certify that I attended the deceased from
7-24- 1937 to 9-7- 1941
that I last saw him alive on 9-7-41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 9/7/41
Due to Arteriosclerosis, Gen. ?
Due to Myocarditis, Chronic ?
Other conditions Hemiplegia, Left 1938
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 136 12
PHYSICIAN _____
Underline the cause to which death should be charged etiologically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Nicholas S. Vitale (M. D. or other) 0
Address 286 St. Louis Ave Date signed 9/7/41

3. (a) PRINT FULL NAME George W. Boyd

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Henrietta Boyd nee Ronling (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 31, 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Weber Deibel Co.

12. Name Andrew Boyd

13. Birthplace Not known Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schnavley

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henrietta Boyd

(b) Address 3869 Sullivan Ave

17. (a) Burial (b) Date thereof 9/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 9 1941 (b) J. Bredack
(Date received local registrar) (Registrar's signature)

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

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 *William G. Buchho*

Licensed Embalmer No. *2160*

P. O. Address *St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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