

FILED NOV 24 1941

STANDARD CERTIFICATE OF DEATH

State File No. 33198

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3578

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 mos. 14 days  
(Specify whether  
In this community 7 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 19 8153  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1111 So. Compton  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If (yes, name country)

3. (a) PRINT FULL NAME Albert Boyd

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

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased Oct. 6, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 6 hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER { 12. -Name Albert Boyd  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Ollie Elizabeth Allen  
15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Boyd  
(b) Address 1111 So. Compton  
17. (a) 1111 So. Compton (b) Date thereof Washington Park  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation

18. (a) Signature of funeral director  
(b) Address 262 W. Market  
19. OCT 14 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9, 1941  
year hour 6 minutes 50 A. M.

21. I hereby certify that I attended the deceased from Feb. 23, 1941  
19 to Oct. 9, 1941  
that I last saw h. er alive on Oct. 9, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypensive Heart Disease Unknown  
Generalize Arteriosclerosis Unknown

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

Unknown

Unknown

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. W. Whittier (M. D. or other)  
Address 2601 W. Whittier Date signed 10-9-41

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 ME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Clerk Perera*

Licensed Embalmer No. ....

P. O. Address.....

*337*  
*St. Johns*

**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, fact should be so stated above.**