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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25688

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6865

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: ~~Home~~ 3122 Pine St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 21 17 9

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

(d) Street No. 3122 Pine st
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter Boyce

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife none

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

7. Birth date of deceased (Month) (Day) 1882 (Year)

8. AGE: Years 60 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation LbLaborer

11. Industry or business

FATHER
12. Name Abreham Boyce
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Elizbeth Balenger
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Raymond Boyce
(b) Address 3122 Pine st

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof Aug 17 -42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J. W. Hughes
(b) Address 2620 Lawton

19. (a) AUG 15 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1942 hour 9 minute 15A M.

21. I hereby certify that I attended the deceased from Aug 1st 1942 to Aug 14 1942 that I last saw him alive on Aug 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

Duration 7

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 D. W. Taylor (M. D. or other)
Address 3136 Chouteau Date signed 8/14/42

(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 Lyda Hughes

Licensed Embalmer No. 2938

~~Pr On~~ Address: St Louis Mo

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.