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A-1-4-41  
7. 5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25690

State File No. 7288

FILED SEP 4 1942 318

Registration District No. Primary Registration District No. 1003

Registrar's No.

000  
17  
9

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

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:  
ST MARY INFIRMARY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2021 BIDDLE ST  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANDREW BOYKINS

3. (b) If veteran, name war WORLD WAR 3. (c) Social Security No. 487-22-5594

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SUCLEE BOYKINS 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 8 16 1895  
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SHANNON MISS.  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name WILEY BOYKINS  
13. Birthplace SHANNON MISS.  
(City, town, or county) (State or foreign country)  
14. Maiden name ALICE  
15. Birthplace SHANNON MISS.  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Hunter  
(b) Address 2021 BIDDLE ST

17. (a) BURIAL (b) Date thereof 9-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATL. CEM. JOFF BARRICK

18. (a) Signature of funeral director A. F. Wilton MO  
(b) Address 2707 S. Grand St

19. (a) AUG 28 1942 (b) J. P. Medcalf  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27 year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 27 1942 to Aug 27 1942  
that I last saw him alive on Aug 26 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 5 days  
Acute pericarditis

Due to Hypertensive Cardio-renal Disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Neurologic Kidney - Pericarditis

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) (e) Means of injury \_\_\_\_\_

23. Signature Herman H. Meyer MO (M. D. or other) MO  
Address 508 N. Grand Date signed 8/28/42

PHYSICIAN  
Underline the cause to which death should be charged statistically.

844 (Licensed Embalmer's Statement on Reverse Side)

SEP 4 1942

SEP 19 1942

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**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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649<sup>th</sup> Delmar Blv

**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.**