

S. No. 2
 M-1-4-41
 v. 5-17-39
 P-1 X26390

31769

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **9115**

NOV 11 1942
 Registration District No. **312**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)
 In this community **3 weeks**

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. **2246 Washington Avenue**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

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 21/9

3. (a) PRINT FULL NAME **Pete Boyd**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct.** day **27th**
 year **1942** hour **3:41** minute **A.** M.

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **May 15, 1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw him alive on _____ 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
52 **5** **12** hr. _____ min. _____

Immediate cause of death **Pulmonary Embolism** Duration _____
Compound Fracture of Right Leg when he was struck by an automobile driven due to **by one Nathan Taylor, Col.** at the intersection of Jefferson & Market Pl. due to **about 9:40 o'clock P.M., Oct. 13, 1942**

9. Birthplace **?** **Kentucky**
(City, town, or county) (State or foreign country)

Other conditions **None**
(Include pregnancy within 3 months of death)

10. Usual occupation **Laborer**

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

11. Industry or business _____
 MOTHER FATHER { 12. Name **Unknown**
 13. Birthplace **"** **9/1/18**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **"** **9/1/18**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jessie Atkins**
 (b) Address **#17 S. 22nd Street**
 17. (a) **Removal** (b) Date thereof **11/2/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **E. St. Louis, Ill**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident 000**
 (b) Date of occurrence **Oct. 13, 1942**
 (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?
21 **In Public Place**
(Specify type of place)
 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director **R. M. C. Green**
 (b) Address **3517 Laclade Avenue**
 19. (a) **NOV 2 1942** (b) **J. F. [Signature]**
(Date received local registrar) (Registrar's signature)

23. Signature **W. H. Perry** (M. D. or other) _____
 Address _____ Date signed **10/29/42**

844 (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.....

P. M. Sheen

Licensed Embalmer No. *1173*

P. O. Address *3517 Sackel Ave*

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.