

FILED FEB 1 1943

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

594

1. PLACE OF DEATH:

(a) County St. Louis
(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:
St. Mary Infirmery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 20 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 927 N(R) Compton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rev. Willie Boyd

3. (b) If veteran, name war no. 3. (c) Social Security No. 497-07-7346

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

6. (b) Name of husband or wife Mary Boyd 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Nov. 6, 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 2 10 hr. min.

9. Birthplace Helena Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Anderson Boyd

13. Birthplace Vickburg Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Black

15. Birthplace Helena Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Boyd

(b) Address 927 N.R. Compton Ave.
Burial

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof Jan. 21, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 103100 Easton Ave.

19. (a) JAN 21 (b) J. F. Bruseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1943 hour 9 minute 5 A.M.

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

Immediate cause of death
Traumatic Sub-dural Hemorrhage
Pneumonia When a
Column of a Building which he
was working on wrecking
Dust fell striking him on the head
about 8:15 am 1-24-43
Other conditions at Adelle ave between Seemore
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. Death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 1-24-43
(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?
Industrial
(Specify type of place)
While at work? _____ (Mean) of injury 3

23. Signature Alfred G. [unclear] (M. D. or other) _____
Address [unclear] Date signed 1/19/43

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address.....

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.