

11918

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED MAY 12 1943 318

Registration District No. 1003

Registrar's No. 4194

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:
City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
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. 3844 Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Samuel Hubert Boyd.

8. (b) If veteran, name war No 3. (c) Social Security 498-03-4496

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Esther Ruth Boyd 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Oct. 28, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>6</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Electrician

11. Industry or business _____

MOTHER FATHER { 12. Name James Boyd

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

14. Maiden name Loretto Payton

15. Birthplace South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Esther Ruth Boyd

(b) Address 3844 Delmar Ave.

17. (a) Burial (b) Date thereof May 7/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. S. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) 10/1/43 (b) J. F. Budeck
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 12.30 minute A.M. 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 _____

Lobar Pneumonia (Primary)
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Alfred Perry (M. D. or other) _____

Address Delmar Ave. Date signed 5/7/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

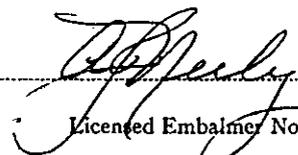
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-1-33
11-1-33

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.....



Licensed Embalmer No. 3225.....

P. O. Address. 1125 Hodiament 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, above space should be left blank.