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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15304

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 904

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Apr. 13, 1943. (Specify whether In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5458 Lisette Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Francis X. Boyd

3. (b) If veteran, name war World War #1 3. (c) Social Security No. None.

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

6. (b) Name of ~~husband~~ or wife Helen 6. (c) Age of ~~husband or~~ wife if alive 39 years

7. Birth date of deceased November (Month) 22, (Day) 1898 (Year)

8. AGE: Years 44 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Manager

11. Industry or business Sheet Metal Company

FATHER
12. Name John L. Boyd
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Katherine Mullen
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) APR 16 1943 (Date received local registrar) (b) E. G. McIlvaney M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th, year 1943 hour 9:12 minute A. M.

21. I hereby certify that I attended the deceased from April 13, 1943, to April 14, 1943 that I last saw him alive on April 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HEART DISEASE OF UNKNOWN ETIOLOGY WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.	Unknown
Due to -	
Due to -	
Other conditions Nephritis, chronic, with edema and nitrogen retention. (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations No operation.
Of autopsy No autopsy. 131 a

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) no
(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 (Means of injury)

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Date signed 4/14/43

(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.....

Licensed Embalmer No. 2971

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.