

FILED JUN 9 1943 318

Primary Registration District No. 1003

Registrar's No. 4957

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1616 Franklin Ave
(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 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1616 Franklin Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ 0

3. (a) PRINT FULL NAME St John Galvin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1943 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MA 5. Color or race White 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 abt 1867
(Month) (Day) (Year)

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
<u>abt</u>	<u>76</u>			<u>hr</u> <u>min</u>

Immediate cause of death Melano. Carcinoma, left lung with metastasis, metastasis extending into apex of right lung

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) H1

10. Usual occupation laborer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name unknown

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

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

14. Maiden name unknown

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

16. (a) Informant James C. Williamson
(b) Address 1300 Clark

17. (a) Antoine Boyd Date of burial 5-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

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? _____

18. (a) Signature of funeral director W. R. ...
(b) Address 3000 ...

19. (a) MAY 28 1943 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. R. ... (M. D. or other) _____
Address ... Date signed ...

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

MOTHER FATHER

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.....

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.