

FILED JUL 24 1943 318

Primary Registration District No. 1003

Registrar's No. 6445

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:  
1721 South 9th Street.  
(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 Missouri (b) County Mississippi  
(c) City or town Charleston  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route  
(If rural, give location) N.R.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James William Boyd

3. (b) If veteran, name war None 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 Emma Boyd 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 14 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 5 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Robert Boyd  
13. Birthplace Unknown N. Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Molly Chapman  
15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Bledson  
(b) Address 1721a South 9th Street.

17. (a) Burial (b) Date thereof 7/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Prairie Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc  
(b) Address 4700 Washington Blvd.

19. (a) JUL 15 1943 (b) J.F. Bredich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1943 hour 1:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 7 1943  
to July 15 1943  
that I last saw him alive on 7/15  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Concussion  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(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) (c) Means of injury \_\_\_\_\_

23. Signature W.D. Culver (M. D. or other) \_\_\_\_\_  
Address 1802 S. Broadway Date signed 7/16

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

MOTHER FATHER

Before

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**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.....

*J. Allen Davis Jr*  
.....  
Licensed Embalmer No. *4052*

P. O. Address.....  
*City*

**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.**