

FILED SEP 17 1943 318
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7891

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

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:
1803 A. Carr St.
(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

3. (a) PRINT FULL NAME Frank Boyd

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or Race Negro

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 47 years

7. Birth date of deceased Feb. 20, 1872
(Month) (Day) (Year)

8. AGE: Years 66 Months 51 Days 6 If less than one day 8 hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mary Boyd

(b) Address 1803 A. Carr St.

17. (a) Burial (b) Date thereof 9-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) SEP 2 1943 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 1803 A. Carr St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from July 15, 1943 to Aug. 1, 1943
that I last saw him alive on Aug. 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis
Duration

Due to Contaminating activities

Due to _____

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

Major findings: Of operations no

Of autopsy no

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J.F. Edinger (M. D. or other) _____

Address 1214 Franklin Date signed 9-20-43

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..... *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address..... *4575 Aldine*

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.