

318

Primary Registration District No. **1003**

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

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:
5218 VIRGINIA AV.
(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 **MARY E. BOYD.**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **WILLIAM BOYD** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **JULY 26 1887**
(Month) (Day) (Year)

8. AGE: Years **56** Months **3** Days **9** If less than one day . hr. min.

9. Birthplace **INDIANA 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER.**

11. Industry or business **OWN.**

MOTHER FATHER { 12. Name **UNK. COON**
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 **Annabelle Boyd**

(b) Address **5218 Virginia Av.**

17. (a) **BURIAL** (b) Date thereof **Nov 8-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PACIFIC CEM. PACIFIC MO**

18. (a) Signature of funeral director **E. J. Schurr.**

(b) Address **3125 Lafayette Av.**

19. (a) **NOV 8 1943** (b) **J. Z. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **5218 VIRGINIA AV.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **4**
year **1943** hour **5** minute **25 p.m.**

21. I hereby certify that I attended the deceased from **6-21**, 1943 to **11-4**, 1943
that I last saw her alive on **11-4-**, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction - Rheumatic heart** Duration **570**

Due to **Chronic arthritis** 13 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) **97**

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) (e) Means of injury _____

23. Signature **Burton B. [Signature]** (M. D. or other) **M.D.**
Address **2607 S. Grand** Date signed **11/4/43**

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 Joe B. Vollmer.....

Licensed Embalmer No. 24014.....

P. O. Address 3125 Lafayette St. St. Louis, Mo.

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.