

Registration District No. 318

Primary Registration District No. 1003

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: CHRISTIAN Hosp O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Da (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME JULIA ANN Boyd

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 8 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 6 hr. min.

9. Birthplace ST LOUIS MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation N.I.

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name John Boyd  
13. Birthplace Doer Run MO 0  
(City, town, or county) (State or foreign country)  
14. Maiden name JULIA Feiliver  
15. Birthplace ST CHARLES MO 0  
(City, town, or county) (State or foreign country)

16. (a) Informant John Boyd  
(b) Address Doer Run MO

17. (a) BURIAL (b) Date thereof 12-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation VAL HALLA Cem.

18. (a) Signature of funeral director ORTMANN FUNERAL HOME  
(b) Address OVERLAND, MO

19. (a) DEC 15 1943 (b) J. S. Prueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS  
(c) City or town OVERLAND  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. # 7 - Box 513 NR  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day Dec  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8 AM Dec 14  
8 AM 1943 to Dec 14 1943  
that I last saw her alive on 1-14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral-Bluetongue  
fever

Due to \_\_\_\_\_  
Due to 161  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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) (a) Means of injury \_\_\_\_\_  
23. Signature W. W. Harris (M. D. number) \_\_\_\_\_  
Address 3574 N. Grand Date signed 1/14/43

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

**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..... *A. C. Ortman* .....

Licensed Embalmer No. *3478* .....

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.**