

S. No. 2
DM-2-43
v. 5-17-39
P I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4913

State File No. _____

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **1829**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 17 days
(Specify whether years, months or days)

In this community 13 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3039a Delmar
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alex Boykins

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18, year 1944 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from January 1, 1944 to February 18, 1944, and that I last saw him alive on February 18, 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, widowed Divorced Widowed

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

7. Birth date of deceased Sept. 15, 11880
(Month) (Day) (Year)

Immediate cause of death Cardiac Hypertrophy Duration Unk.

8. AGE: Years 63 Months 5 Days 3 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Job Work

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

11. Industry or business _____

12. Name Toney Boykins

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

14. Maiden name Bettie

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Marion Boykins

(b) Address 3039 A. Delmar

17. (a) Burial (b) Date thereof Feb. 24, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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 Dement & Son

(b) Address 2629-31 Cole St.

19. (a) FEB 24 1944 (b) J. F. Bush
(Date rec'd by local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. F. Bush (M. D. or other) _____
Address 2607 N. Webster Date signed 2/19/44

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 *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.