S. No. 2
M—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26090

State File No.

FILED SEP 8 1944

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 7510

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:
3127a Delmar Blvd
(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 11

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 21

(d) Street No. 3127a Delmar Blvd
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Archie Robert Lee Boyd

3. (b) If veteran, name war No

3. (c) Social Security No. 335-10-5341

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della Boyd

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased Abt. 1907 (Month) (Day) (Year)

8. AGE: Years Abt. 37 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Ramner Helper

11. Industry or business American Steel Fdy.

FATHER
12. Name Jeremiah Boyd
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Luvenia Coleman
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Eddie Boyd
(b) Address 3525a Market St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/30/44 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel, Miss

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) AUG 30 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25, year 1944 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from Aug 24, 1944, to Aug 25, 1944 that I last saw him alive on Aug 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to 108

Due to Exposure (Deceased took a deep cold which developed into Pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Johannan L Wilder (M. D. or other)

Address 2601a Dickson Date signed 8-28-44

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1944

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 Clark Manning

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.