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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7265

State File No. \_\_\_\_\_

# 51464  
**FILED FEB 20 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1395**

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: **St. Louis City Hospital - Max C. Starkloff Memorial**  
(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 **S,**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
Street No. **2923 Barrett**  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **GEORGE BOYD**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **497-09-9838**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **M /**

6. (b) Name of husband or wife **Mable**  
6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **July 9 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61 6 29**  
hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **unemployed**

MOTHER FATHER

12. Name **William Boyd**

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

14. Maiden name **Nancy McKee**

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

16. (a) Informant **Mable Boyd**

(b) Address **2923 Barrett**

17. (a) **Cremation** (b) Date thereof **2/11/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Prong Club Co.**

(b) Address **3702 Grand Blvd**

19. (a) **FEB 11 1946** (b) **J. F. Bredeek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **8th**  
year **1946** hour **7:05** minute **P** M.  
21. I hereby certify that I attended the deceased from **2/4/46**  
\_\_\_\_\_ 19\_\_\_\_ to **2/8/46** 19\_\_\_\_;

that I last saw h. **im** alive on **2/8/46** 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary insufficiency**

Due to **arterio-sclerotic heart disease**

Due to \_\_\_\_\_  
Other conditions... (Include pregnancy within 3 months of death) **93**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. D. Gregory** (P. or other) \_\_\_\_\_  
Address **1515 Lafayette** Date signed **2/9/46**

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

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**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..... *W E Morris* .....

Licensed Embalmer No. 3360 .....

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.**