DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14878

Registrar's No. 4512

1. PLACE OF DEATH:
(a) County ~~XXXXXXXXXXXXXX~~
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 235 Kayser St. N.R.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nora Belle 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 Widowed
6. (b) Name of husband or wife William Boyd
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 18 (Day) 89 ~~1890~~ (Year)

8. AGE: Years 56 ~~57~~ Months 3 Days 13 If less than one day hr. min.

9. Birthplace Parsons (City, town, or county) Kansas (State or foreign country)
10. Usual occupation House wife
11. Industry or business
12. Name William Carr
13. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)
14. Maiden name Emma Dodson
15. Birthplace (City, town, or county) Kansas (State or foreign country)
16. (a) Informant William Boyd
(b) Address 235 Kayser St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.
18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway
19. (a) MAY 3 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MOTHER FATHER

Certify all May 1 1947 Hallie Hale

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1947 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 20, 1947, to May 1, 1947;
that I last saw her alive on May 1, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock — Carcinoma tosis	
Due to Carcinoma of cervix	8 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Metastases to vertebrae Probably cerebral metastases	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Robert E. Funsch (M. D. or other)
Address Barnes Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side) (Robert E. Funsch)

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 Harry J Schermacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No.
Local Registrar's No. 4512

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10 day of May, 1947 before me appears William Boyd Jr., who, upon his oath, states that the original record of ~~birth~~ death for Nora Belle Boyd, ~~born~~ died 5-1-, 1947, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read Jan. 18 - 1891
Instead of " " 1890

Item No. 8 should read age 56
Instead of 57

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant William Boyd Jr.
Relationship.

235 Kayser
Present Address.

Subscribed and sworn to before me this 10 day of May, 1947.

My Commission expires 3-4-49 Ella C. Gabbert Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
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X36667

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