

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10004
State File No. _____
Registrar's No. **3049**

FILED APR 7 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

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

(d) Length of stay: In hospital or institution 3 1/2 months
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Dora Boykins

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race colored

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

6. (b) Name of husband or wife Allen Harry Boykins

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased August 2 1925
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>22</u>	<u>7</u>	<u>27</u>	hr. <u>1</u> min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Green Ross

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

14. Maiden name Mattie Sinclair

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

16. (a) Informant Theodore Sinclair

(b) Address 1716 Singleton Avenue.

17. (a) Burial (b) Date thereof 3/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MISSOURI (b) J. F. Bridick
(Date received local report) (Registrar's signature)

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. 1716 Singleton
22 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1948 hour 11 minute 55 a. m.

21. I hereby certify that I attended the deceased from Jan. 15, 1948, to March 29, 1948
that I last saw her alive on March 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis, Far Advanced

Due to _____

Due to _____

Other conditions Pregnancy - 7 months
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

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) Means of injury _____

23. Signature Oliver P. Daniels (M. D. or other) _____
Address 2601 N Whittier Date signed 3/29/48

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..... *Henry M. Bramme*

Licensed Embalmer No..... *4200*

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.