

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **24324**
6131

No. 400
10-48
FILED JUL 26 1951

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 7-12-51

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____				
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 4112 Westminister				19. STREET ADDRESS (If rural, give location) 4112 Westminister				
3. NAME OF DECEASED (Type or Print) a. (First) Alex b. (Middle) K. c. (Last) Boyd			4. DATE OF DEATH Month July Day 7 Year 1951					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 17-1885 Oct. 15, 1885	9. AGE (In years last birthday) 66	10. IF UNDER 1 YEAR Days _____ IF UNDER 11 MRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY City Water Dept.		11. BIRTHPLACE (State or foreign country) Scotland		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Robt. Boyd			13b. MOTHER'S MAIDEN NAME Cecilia Kilpatrick		14. NAME OF HUSBAND OR WIFE Elizabeth Boyd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elizabeth Boyd 4112 Westminister				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, genl. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Combined spinal cord degeneration. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 years 2 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 368X				
22. I hereby certify that I attended the deceased from Aug. 19 1951 to July 7, 1951 , that I last saw the deceased alive on May 15, 1951 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE William B. Day				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 7-9-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE July 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
DATE REC'D BY LOCAL REG. JUL 10 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Son 6125 Delmar				

(Licensed Embalmer's Statement on Reverse Side)

1819

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Peleman*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No. 24324
Local Registrar's No. 6131

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 19....., before me appears.....

....., who, upon..... oath, states that the original record of birth death
for Alex K. Boyd died 7-7-51, 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 8 should read Oct. 17-1885

Instead of..... Oct. 15-1884

Item No. 9 should read Age 65

Instead of..... Age 66

Item No..... should read.....

Instead of.....

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

(SEAL)

Affiant William E. Jander Fun. Dir
Relationship. Fun. Dir
6175 Delmar
Present Address.

Subscribed and sworn to before me this 16 day of July, 1951

My Commission expires 3-4-53 Edward J. Jander Notary Public.

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