

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38744

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1003

State File No. 9984

Registrar's No. 0084

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>9 1/2</u> MONTHS	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2646 Spruce</u> <u>642 1/2 Cott Grove</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) c. (Last) <u>Boyd</u>	4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>6</u> (Year) <u>1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 9. 1892</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STEEL MILL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labo<sup>r</sup></u>		11. BIRTHPLACE (State or foreign country) <u>Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Jerrie Boyd</u>	13b. MOTHER'S MAIDEN NAME <u>Lovinia Coleman</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie Boyd 2646 Spruce</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Give no. or town) <u>No</u>	16. SOCIAL SECURITY NO. <u>335-10-5183</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Boyd</u> ADDRESS <u>2645 Spruce</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign Prostatic Hypertrophy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Azotemia</u> DUE TO (c) <u>Pyelonephritis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>600.0</u>

22. I hereby certify that I attended the deceased from 10-27, 1951, to 11-6, 1951, that I last saw the deceased alive on 11-6, 1951, and that death occurred at 4:10 p. m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Charles M. Turner, M.D.</u>	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>11-7-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 12. 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>
		24d. LOCATION (City, town, or county) (State) <u>9500 Naturalbridge R</u> <u>Missouri</u>

DATE REC'D BY LOCAL REG. <u>NOV 9</u>	REGISTRAR'S SIGNATURE <u>Paul Smith M D</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Starn</u>	ADDRESS <u>2769 Chouteau</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*S. J. Hester*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

**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.