

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9722

State File No.

FILED MAR 29 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 2666

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

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 OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>	c. CITY OR TOWN <u>St. Louis</u>		2219
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3143^a Laclede</u>			d. STREET ADDRESS (If rural, give location) <u>3143 A Laclede</u>		
3. NAME OF DECEASED a. (First) <u>Alice</u>		b. (Middle)	c. (Last) <u>Boyd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 19 52</u>	
5. SEX <u>F 3</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M 1</u>	8. DATE OF BIRTH <u>APRIL 18, 1903</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bastrop, LA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Aaron Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Boyd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Boyd</u> ADDRESS <u>3143 A Laclede</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 <u>Ulnuron</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>443X</u>			
22. I hereby certify that I attended the deceased from <u>3-4</u> , 1952, to <u>3-18</u> , 1952, that I last saw the deceased alive on <u>3-18</u> , 1952, and that death occurred at <u>1:10 A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. Smith</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>110 Jefferson</u>		23c. DATE SIGNED <u>3-19-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>		
DATE REC'D BY LOCAL REG. <u>MAR 21 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>At Beal</u> ADDRESS <u>4303 Delmer</u>		

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.....
Student Embalmer

Signed *Leroy W. Bannister*

Licensed Embalmer No. *45213*

P. O. Address *3880 Easton*

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.