

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9724

FILED MAR 29 1952

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2627**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>DR. HOWS MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>DR. LOUIS 2219</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>315 N. Jefferson</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLEY</b> b. (Middle) <b>LEONARD</b> c. (Last) <b>BOYKINS</b>		4. DATE OF DEATH (Month) <b>3</b> (Day) <b>5</b> (Year) <b>52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>APR 1911</b>
9. AGE (In years, if under 1 year, give months, days, hours, min.) <b>41</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Welder</b>	11. BIRTHPLACE (State) <b>Mo. SSOUEI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	13a. FATHER'S NAME <b>Wm</b>	13b. MOTHER'S MAIDEN NAME <b>Wm</b>	14. NAME OF HUSBAND OR WIFE <b>Wm</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>Wm</b>	16. SOCIAL SECURITY NO. <b>Wm</b>	17. INFORMANT'S SIGNATURE OR NAME <b>T. S. Taylor</b> ADDRESS <b>1300 Clark</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>INTERNAL HEMORRHAGE following stab wound</b>  INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Right lung suffered when stabbed with knife</b>  DUE TO (a) <b>stab wound</b> DUE TO (b) <b>stab wound</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Asphyxiated by one Earl Warren in room</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>in basement of 315 N. Jefferson</b>	20. AUTOPSY? <b>NO</b>	21. HOW DID INJURY OCCUR? <b>stab wound</b>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>DR. LOUIS</b> (COUNTY) <b>Mo.</b> (STATE)	21d. TIME OF INJURY (Month) <b>3</b> (Day) <b>5</b> (Year) <b>1952</b>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>stab wound</b>		21g. <b>6982X</b>
22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased <b>alive on</b> <b>19</b> , and that death occurred at <b>19</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Deputy Registrar</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>3/5/52</b>		23d. <b>3/5/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>6</b>	24b. DATE <b>3-20-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b> (State)
DATE REC'D BY LOCAL REG. <b>MAR 20 1952</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland</b> ADDRESS <b>4104 Manueller</b>	

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

12-11-1932

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 \_\_\_\_\_

*Students of Mortuary College*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

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.