S. No. 300
v. 10.48

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FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17786

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4103

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hosp=1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2259
d. STREET ADDRESS (If rural, give location) 25 S No. 9 8

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle)
c. (Last) Boyd

4. DATE OF DEATH (Month) 4 (Day) 18 (Year) 52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1902
9. AGE (In years last birthday) 50 — 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) None
10b. KIND OF BUSINESS OR INDUSTRY Milk
11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Milk
13b. MOTHER'S MAIDEN NAME Milk
14. NAME OF HUSBAND OR WIFE Milk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Milk (If yes, give war or dates of service) Milk
16. SOCIAL SECURITY NO. Milk
17. INFORMANT'S SIGNATURE OR NAME O. Taylor — ADDRESS 1300 Clark

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External Hemmorrhage and — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Shock following Laceration of
DUE TO (c) Wrists, Self Inflicted with

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Razor Blade, whis Room #29 Stag Tavern

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Hotel on 4-17-52 About 12:54 P.M.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) (STATE) Mo.
21d. TIME OF INJURY (Month) 4 (Day) 17 (Year) 52 (Hour) 54 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E977X

22. *I hereby certify that I attended the deceased from _____, 193__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 9:23 P.M., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 3
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 4/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) 10
24b. DATE MAY 1 1952
24c. NAME OF CEMETERY OR CREMATORY Anatomical
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. MAY 1 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
m gB

25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service — ADDRESS 4 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.