

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10468**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3128**

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phelps</b>		d. Is Residence Within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <b>ROSIE</b> b. (Middle) <b>Lee</b> c. (Last) <b>BOYINGTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 24 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 1, 1896</b>
9. AGE (In years last birthday) <b>59</b>		10. AGE (In years) IF UNDER 1 YEAR Months <b>7</b> Days <b>23</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Elliott, Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joe Turner</b>		13b. MOTHER'S MAIDEN NAME <b>Charolett Elliott</b>	
14. NAME OF HUSBAND OR WIFE <b>Morgan Boyington</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marie Lee</b> ADDRESS <b>4059 Easton</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Menigitis Pneumococci</b> INTERVAL BETWEEN ONSET AND DEATH (b) <b>?</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>340.1</b>	
20. AUTOPSY? YES <input checked="" 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?		22. I hereby certify that I attended the deceased from <b>1:45 P.M.</b> on <b>19</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>19</b> , 19 <b>56</b> , and that death occurred on <b>19</b> at <b>11:30 P.M.</b> from the causes and on the date stated above.	
23a. SIGNATURE <b>Frank M. Dupont</b> (Signed at time)		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>3/29/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>3-29-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson</b>	
24d. LOCATION (City, town, or county) (State) <b>Kirkwood 22, Mo</b>		25. FEDERAL DIRECTOR'S SIGNATURE <b>E. B. Roove</b> ADDRESS <b>1221 N. Grand</b>	
DATE REC'D BY LOCAL REG. <b>MAR 29 1956</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>	

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

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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.....  
Signature of Student Embalmer

Signed *William Blair Sherrill*.....

Licensed Embalmer No. *39*.....

P. O. Address *1221 N.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.