

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11831**

BIRTH NO. _____		REG. DIST. NO. <b>312</b>		PRIMARY REG. DIST. NO. <b>590</b>		Registrar's No. <b>725</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Shranrock Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>4216 N. 20th Street (7) 2077/1</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>FRANK</b>		b. (Middle) <b>L.</b>		c. (Last) <b>BOYD</b>			
4. DATE OF DEATH <b>March 15, 1956</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>Dec. 22, 1882</b>		9. AGE (In years last birthday) <b>73</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Insurance Agt.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Tipton County, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Unknown Boyd</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mathilda Boyd</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>545-19-942</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mathilda Boyd</b> ADDRESS <b>4216 N. 20th. Street</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>Cerebrovascular accident</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 wks.</b> <b>5 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>331X</b>		21d. (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>5-8</b> , 19 <b>50</b> , to <b>3-15</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3-10</b> , 19 <b>56</b> , and that death occurred at <b>9:20 AM</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>M. Herman Orzel</b>				23b. ADDRESS (Degree or title) <b>M.D.</b> <b>508 North grand ave.</b>		23c. DATE SIGNED <b>3/16/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-17-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>3-16-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Rombo MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SUEDMEYER &amp; SON'S 3934 N. 20th. Street</b>					

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gustav W. Dieter*.....

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

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.