

MRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

-60-016630

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3791** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 2hrs.45min	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Childrens'		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2947 Gamble Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Janet Middle Denise Last Boykin			4. DATE OF DEATH Month 4 Day 2 Year 60		
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-26-53	9. AGE (last birthday) 6 1/2 yrs	IF UNDER 1 YEAR Months 9 Days 6 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Sim Bennett Boykin		13b. MOTHER'S MAIDEN NAME Kathryn Jones	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AnnaMarie Larson		Address 500 S. Kingshighway			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Spontaneous Subarachnoid Hemorrhage**
suffered following being struck by batted ball on playground at Gamble Square on April 2, 1960. ACCIDENT

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) **See above**
STATE THE UNDERLYING CAUSE LAST. (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
4-6-6

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
See above

20c. TIME OF INJURY
Hour **4** Month **2** Day **60**
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Playground

20f. CITY, TOWN, OR LOCATION COUNTY STATE
St. Louis Mo.

21. I attended the deceased from **4/2/60** to **4/2/60** and last saw her ^{him} alive on **4/2/60**
Death occurred at **7:10 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Howard Vernon Sanders M.D.

22b. ADDRESS
500 S. Kingshighway, St. Louis

22c. DATE SIGNED
4/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
4-6-1960

23c. NAME OF CEMETERY OR CREMATORY
Father Dickson

23d. LOCATION (City, town, or county) (State)
St. Louis County Missouri

24. FUNERAL DIRECTOR
Ellis Funeral Home

ADDRESS
2820 Stoddard St.

25. DATE RECD. BY LOCAL REG.
APR 5 1960

26. REGISTRAR'S SIGNATURE
Keal Smith M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fullton E. Kull

Licensed Embalmer No. 4190

P. O. Address St Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.