

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1960

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7882

-60-031924

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 43 years		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4840 Maffitt Ave.	
3. NAME OF DECEASED (Type or print) WILLIAM BOYD				4. DATE OF DEATH Month August Day 5 Year 1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/10/03	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Riveter			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Car Foundry		11. BIRTHPLACE (City and state or country) Cairo, Illinois		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Joseph Boyd			13b. MOTHER'S MAIDEN NAME Lula Swan			14. NAME OF HUSBAND OR WIFE Catherine Boyd	
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. 365-14-3317		17. INFORMANT Address Catherine Boyd 5248 St. Louis Ave		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MECHANICAL INTESTINAL OBSTRUCTION DUE TO (b) Post-operative Adhesions DUE TO (c) 950-X-46 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 7-25-60 to 8-5-60	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Unknown 00		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from July 25, 1960 to Aug 5, 1960 and last saw him alive on Aug 5, 1960 Death occurred at 8-5-60 9:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE James M. Whittier, M.D.				22b. ADDRESS 916 A. No. Taylor		22c. DATE SIGNED 8-15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/11/60	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)
24. FUNERAL DIRECTOR Charles J. Gates 4107 Finney			25. DATE RECD. BY LOCAL REG. AUG 10 1960		26. REGISTRAR'S SIGNATURE Loel Smith, M.D.		

BY AFFIDAVIT OF
 Medical Certification
 Document
 Question: Directed for Condition "a"

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

Stewart J. Woodson

License Embalmer No. 434

P. O. Address 4107 Finney

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