

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4898  
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **Roosevelt Hotel, Delmar & Euclid** Registered No. **1543**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Della Carson Boyd. 300**  
(a) Residence, No. **Roosevelt Hotel** St. **12**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Arthur R. Boyd.**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July - 13 - 1872.**  
7. AGE YEARS **65.** MONTHS **6.** DAYS **29.** If LESS than 1 day, ..... hrs. or ..... min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as saw mill, bank, etc. **at home.**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **La Crosse Wisconsin.**  
FATHER 13. NAME **Peter Carson.**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**  
MOTHER 15. MAIDEN NAME **Unknown.**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown.**  
17. INFORMANT (ADDRESS) **Arthur R. Boyd. Roosevelt Hotel.**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Burial** DATE **Feb 14, 1938**  
19. FUNERAL DIRECTOR (ADDRESS) **C. R. Lupton Sons # 4449 Olive St.**  
20. FILE **FEB 12 1938** **J. B. Bredbeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 17 1938**  
22. I HEREBY CERTIFY, That I attended deceased from **January 29 1938 to Feb 17 1938**  
I last saw him alive on **Feb 11 1938** Death is said to have occurred on the date stated above, at **2105a** m.  
The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis 1931**  
Other contributory causes of importance: **Chronic Hypertension 1931**  
Name of operation **None** Date of .....  
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify .....  
(Signed) **P. S. Hays**, M. D.  
(Address) **167 No Taylor**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1543

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FEB 13 1938

Wm H. Taylor  
Feb 11:00

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STATEMENT BY LICENSED EMBALMER

I, J. G. Lupton, Licensed Embalmer No. #2122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. G. Miles

# 2901 L. E.

No. 2901 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed J. G. Lupton  
Licensed Embalmer No. #2122

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.)