

1938 JUL 12 1938

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

20977
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1003 Primary Registration District No. 1003
(c) City St. Louis mo (d) Street No. 2301 Kasalle Registered No. 5821
(e) Length of residence in city or town where death occurred 45 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2301 Kasalle St. 22
(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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 0 -8

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. none
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) St. Louis mo

FATHER 13. NAME Dayton Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Regina Krissier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Mo

17. INFORMANT (ADDRESS) Mammie Boyd
2301 Kasalle St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE July 3, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Atkins Bros
3644 Finney Ave

20. FILED JUN 30 1938 J. F. Beedek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27, 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1938 to 6-22, 1938
I last saw him alive on 6-27, 1928 Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset

Other contributory causes of importance: 23

Name of operation chronic tuberculous Date of autopsy?
What test confirmed diagnosis?

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?
If so, specify _____
(Signed) J. F. Beedek, M. D.
(Address) 823 9th St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X14023

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,

Louis V. Atkins

or by

Registered Apprentice No., working under my personal supervision.

Signed

Louis V. Atkins

Licensed Embalmer No.

2842

P. O. Address

3644 Finney

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.)

If this body is not embalmed, above space should be left blank.