

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 18394

Primary Registration District No. 101

Registrar's No. 1543

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton

(c) Name of hospital or institution St. Louis Co. Hospital

(d) Length of stay: In hospital or institution 3 days

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County St. Louis

(c) City or town 10a Manchester Ave

(d) Street No. 10a Manchester Ave

(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mamie Boyd

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30 year 1939 hour 12 minute 30 A. M.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Edmund

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 22, 1876

21. I hereby certify that I attended the deceased from 8-27-39 to 8-29-39

that I last saw her alive on 8-29-39 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident Duration 2 days

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>8</u>	hr. min.

Due to Infarcts probably

Due to

9. Birthplace Illinois

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions Atherosclerotic Heart Disease

(Include pregnancy within 3 months of death)

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Molly Meredith

15. Birthplace Unknown

Major findings: 95% = 2

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Thomas C. Boyd SR

(b) Address 4110a Manchester Ave

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial (b) Date thereof 9/1/39

(c) Place: burial or cremation Oak Grove Cem

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director R. H. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) AUG 29 1939 (b) DR. MURPHY

(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(e) Means of injury

23. Signature R. H. McLaughlin (M. D. or other)

Address St. Louis Co. Hosp. Date signed

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.