DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 297

Registration District No. 791

Primary Registration District No.

Registrar's No. 297

1. PLACE OF DEATH:

(a) County St. Louis, MMo.

(b) City or town St. Louis, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1916 Franklin Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 1916 Franklin Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME John Boyd 3CD

3. (b) If veteran, name war No

3. (c) Social Security No. 497-07-4613

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Mattie Boyd

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April (Month) 15 (Day) 1888 (Year)

8. AGE: Years 51 Months 8 Days 25 If less than one day hr. min.

9. Birthplace New Jersey (City, town, or county) (State or foreign country)

10. Usual occupation Kitchen -Help or Cook

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown?
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mattie Boyd

(b) Address 1835 Division St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Finney Ave.

19. (a) JAN 11 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1940 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 13th, 1939 to Jan 9th, 1940 that I last saw him alive on Jan 9th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Non-Tubercular Empyema	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence

(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? (Specify type of place)

While at work? (e) Means of injury?

23. Signature G. W. Hold (M. D. or other)

Address 823 N. 16th St Date signed 1/9/40

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

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 S J Watson

Licensed Embalmer No. 269F

P. O. Address 2769 Chouteau

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.