

FILED MAY 8 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 16134Registration District No. 784Primary Registration District No. 116Registrar's No. 672

## 1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Valley Park  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none ✓

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whetherIn this community 63 years  
years, months or days)8. (a) PRINT FULL NAME Mary Boyd 3m3. (b) If veteran, name war none 8. (c) Social Security No. none4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 6, 1855  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
85 2 28 hr. \_\_\_\_\_ min.9. Birthplace Cochertown, N. Y.  
(City, town, or county) (State or foreign country)10. Usual occupation At home11. Industry or business Own home12. Name George Boyd13. Birthplace New York  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Barnum15. Birthplace New York  
(City, town, or county) (State or foreign country)16. (a) Informant Arthur H. Boyd(b) Address W. Barnumville, Mo.17. (a) Burial (b) Date thereof 4/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Manchester, Mo. Cem.18. (a) Signature of funeral director Harry Schrader(b) Address Ballwin, Mo.19. (a) APR - 6 1940 (b) H. K. Meyers, M.D.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")(d) Street No. Big Bend Rd.  
(If rural, give location)

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5  
year 1940 hour 4 minute 20 P.M.21. I hereby certify that I attended the deceased from March -  
24<sup>th</sup> 1940, to April 5, 1940  
that I last saw her alive on April 5, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage  
chronic myocarditis

Due to \_\_\_\_\_

Due to 93COther conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_23. Signature Henry Scott (M. D. or other) \_\_\_\_\_Address Ballwin, Mo. Date signed 4/6/40

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2  
-10-39  
17-39  
X21492

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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**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

*Thos Schrader*

Licensed Embalmer No. 3066

P. O. Address Dallwin M

**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.