No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11982

Registration District No. 784 | Primary Registration District No. 200 | Registrar's No. 498

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

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: KOCH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1170 DAYS (Specify whether years, months or days) In this community: 45 years in St. Louis

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST. LOUIS
(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No.: 4206 McPHERSON (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: GRIFFIN BOONE BOYD
3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____
4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: ELSIE BOYD 6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: FEBRUARY (Month) 27 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
56	0	4	____ hr. ____ min.

9. Birthplace: ? (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: SHOEWORKER
11. Industry or business: SHOES
MOTHER FATHER
12. Name: JOHN H. BOYD
13. Birthplace: ? (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name: PIXIE V. ECKHARDT
15. Birthplace: ? (City, town, or county) VIRGINIA (State or foreign country)
16. (a) Informant: KOCH RECORDS
(b) Address: Koch Hosp.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 3-5-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Crem.
18. (a) Signature of funeral director: Jay B. Smith
(b) Address: 7456 Manchester
19. (a) MAR 4 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 3 year 1941 hour 6 minute 45 A. M.
21. I hereby certify that I attended the deceased from NOVEMBER 17, 1937, to MARCH 3, 1941 that I last saw him alive on MARCH 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: PULMONARY TUBERCULOSIS — Duration
Due to: 1 3 4 1
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Left thoraco plasty
FOUND PULMONARY TUBERCULOSIS
Of autopsy: PULMONARY TUBERCULOSIS

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: Samuel Katz (M. D. or other) D
Address: Koch Hospital Date signed 3/3/41

(Licensed Embalmer's Statement on Reverse Side)

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. 4029

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, fact should be so stated above.