

3. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23942**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6284**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Memorial Home, 2609 S. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days **5** (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Saint Louis**
(If outside city or town limit, write "RURAL") **17**
(d) Street No. **2609 S. Grand**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Arthur E. Boyd**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **Male** 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 **1** years

7. Birth date of deceased **May 6, 1861**
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
80	2	25	hr. min.

9. Birthplace **Greenfield Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Caterer**

11. Industry or business _____

12. Name **James Boyd**

13. Birthplace **Greenfield Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Taylor**

15. Birthplace **Bambridge Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. S. Shaw,**

(b) Address **2609 S. Grand**

17. (a) **Burial** (b) Date thereof **Aug. 1, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mathews Cemetery**

18. (a) Signature of funeral director **Craig Mortuary,**

(b) Address **4368 Washington**

19. (a) **JUL 31 1941** (b) **J. P. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
year **1941** hour **7:00** minute **30** M.

21. I hereby certify that I attended the deceased from **July 1, 1941**
to **July 31, 1941**

that I last saw him alive on **July 30, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ruptured Appendix with retroperitoneal abscess** Duration **1 mo.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **12/11**

Major findings: Of operations **July 28 - abscess opened and drained**

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 **Edward J. ...** (M. D. or other) **Am. D.**

Address **4963 Fairburn** Date signed **7/31/41**

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

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. 6281

P. O. Address: 4468 Washington

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.