No. 2
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17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26897

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6689

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 10 years 0

2. USUAL RESIDENCE OF DECEASED: 000 17 9

(a) State Missouri (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2115 a Papin
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Evelyn Boykins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced NOT M 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 20 (Day) 1886 (Year)

8. AGE: Years 54 Months 7 Days 23 If less than one day hr. min.

9. Birthplace ATHALIA (City, town, or county) MISSISSIPPI (State or foreign country) 1

10. Usual occupation HOUSEWIFE

11. Industry or business UNKNOWN

MOTHER FATHER

12. Name ALLEN JACKSON

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

14. Maiden name MINERVA HARRIS

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant Pearl Henderson

(b) Address 2420a Dickson

17. (a) FT. DICKSON (Burial, cremation, or removal) (b) Date thereof 8-18-1941 (Month) (Day) (Year)

(c) Place: burial or cremation FATHER DICKSON

18. (a) Signature of funeral director Boyd Bros Fun Home

(b) Address 3724 Finney

19. (a) AUG 16 1941 (Date received local registrar) (b) J. H. Fredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1941 hour 5:40 minute P M.

21. I hereby certify that I attended the deceased from August 6, 1941, to August 13, 1941; that I last saw her alive on August 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cholecystitis (no stones)	11 das
Cholecystectomy & Appendectomy (no appendicitis)	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	1 year
Hypertension	

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 M. E. Fowler (M. D. or other) D

Address 2601 N Whittier Date signed 8-14-41

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.