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DEPARTMENT OF COMMERCE

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33368

State File No.

8323

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:  
City Hospital # 1  
(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 50  
(c) City or town Crystal City 1 N.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
- If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
year 1941 hour 4:04 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural hemorrhage DuPont  
of Brain, Internal hemorrhage  
from laceration of left skull.  
Received when she was a  
passenger and driver  
by one John Robert Boyd  
Other conditions: skull a log  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Operations: \_\_\_\_\_  
About 2 miles north  
of Crystal City Mo  
on highway to 67 10-17-41  
Underlying 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) Accident  
(b) Date of occurrence: 10-17-41 2:30 pm  
(c) Where did injury occur? Crystal City Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place) Auto  
While at work? no (e) Means of injury \_\_\_\_\_  
Signature: Thomas F. Callaway M.D. or other \_\_\_\_\_  
Address Deputy Coroner Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Jennie A. Boyd

3. (b) If veteran, name war No. 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Unk.

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

7. Birth date of deceased: Aug. 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Unk.

11. Industry or business \_\_\_\_\_

12. Name John Thurman

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

14. Maiden name Unk.

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

16. (a) Informant Darrell Boyd

(b) Address Flat River, Mo.

17. (a) Removal (b) Date thereof 10/20/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 20 1941 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

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

NOV 27 1941

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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..... *Harold H. Burnley* .....

..... Licensed Embalmer No. *4202* .....

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.**