S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

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STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

31768

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8823

**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: 3837 Finney 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 Mo (b) County 000

(c) City or town St Louis 11 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3837 Finney
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Julia Boyd

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Wm. Boyd

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

7. Birth date of deceased October (Month) 20, (Day) 1847 (Year)

8. AGE: Years 95 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Milton, (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Handy Boyd
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Rachel Williams
15. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

16. (a) Informant Miss Cora L. Evans
(b) Address 3949 Cook Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Avenue

19. (a) OCT 24 1942 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 20th year 1942 hour 5 minute 6 M.

21. I hereby certify that I attended the deceased from Aug 1942 to Oct 20 1942 that I last saw her alive on Oct 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
My knowledge 3 mo.
History 2 or 3 years

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 T. Walker (M. D. or other)

Address 809 Jefferson Date signed 10/23/42

(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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

**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.**