

Filed NOV 23 1942  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9586**

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

1. PLACE OF DEATH:

(a) County **St. Louis.**  
(b) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1914 Withnell /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **15 Years.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **17**  
(c) City or town **St. Louis.** (If outside city or town limits, write "RURAL") **924**  
(d) Street No. **1914 Withnell.** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Edith Boyd.**

(b) If veteran, name war **No.** (c) Social Security No. **492-01-7620**

4. Sex **Female** / race **White** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Late Leslie Boyd** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 6 1901**  
(Month) (Day) (Year)

8. AGE: Years **41** Months **5** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Belgique, Missouri.** (City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Worker**

11. Industry or business **International Shoe Co.**

12. Name **Vincent DuVall**

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

14. Maiden name **Catherine Gibbar.**

15. Birthplace **Perryville, Missouri.** (City, town, or county) (State or foreign country)

16. (a) Informant **Claude J. DuVall**

(b) Address **4191a Farlin Ave.**

17. (a) **Burial** (b) Date thereof **11-19-42.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **NOV 17 1942** (b) **J.F. Bredbeck** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **16** year **1942** hour **6:15** A.M. minute \_\_\_\_\_ M.

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

Immediate cause of death **Gunshot wound in head, self inflicted at her home 1914b Whitnell St., on Nov. 16, 1942, at Due to about 6:00 A.M., WHILE SUFFERING FROM TEMPORARY MENTAL ABERRATION:**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **None**

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) **Suicide**  
(b) Date of occurrence **Nov. 16, 1942**  
(c) Where did injury occur? **St. Louis, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In Home**

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **James J. F. ...** (M.D. or other) **11/17/42**  
Address **1300 J. ...** Date signed

**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave.

**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.**