

Registration District No. 318

Primary Registration District No. 1003

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 City Sanitarium 2  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 21 days  
(Specify whether years, months or days)

In this community 10 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 907 N. Jefferson  
(If rural, give location)

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

3. (a) PRINT FULL NAME NAPOLEON BOYKINS

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex male

5. Color or race col

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

6. (b) Name of husband or wife Lois Boykins

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

7. Birth date of deceased August 5 1899  
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 1 If less than one day hr. min.

9. Birthplace unknown Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Helma A. Singler

(b) Address 5300 Arsenal St

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof April 10 43  
(Month) (Day) (Year)

(c) Place: Funeral Home

18. (a) Signature of funeral director Arthur Brown

(b) Address 3644 Finney Ave

19. (a) APR 8 1943 (b) J. F. Busch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6, year 1943 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from 3-15 43 to 4-6-43 and that I last saw him im alive on 4-6-43 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 2ds X

Due to 30

Due to 3mo, X

Other conditions Syphilis-General Paralysis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations -

Of autopsy -

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)

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 Stanley J. James MD (M.D. or other) MD

Address 5300 Arsenal St Date signed 7/6/43

**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*

**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.**