

Registration District No. 1943/17

Primary Registration District No. 3066

Registrar's No. 2733

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

1. PLACE OF DEATH:

(a) County Kirkwood, Missouri 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: 300 Chicago Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Over 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 300 Chicago
(If rural, give location)

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

3. (a) PRINT FULL NAME Neece Boyer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Unk. 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 23 1826
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7
year 43 hour 4 minute 10 a. M.

21. I hereby certify that I attended the deceased from Nov 23 to Dec 7, 1943.
that I last saw her alive on Dec 7, 1943,
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>117</u>	<u>9</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death: Acute Bronchitis

Duration 15 Days

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

10. Usual occupation House work at home

Due to _____

Due to _____

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

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: Of operations 106a

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Bondesse Rich
(b) Address 300 Chicago

17. (a) Burial (b) Date thereof 12-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetary

18. (a) Signature of funeral director A. L. Beal
(b) Address 2726 Lucas Ave.

19. (a) DEC 10 1943 (b) E. B. McCarren, M.D.
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature John T. Adair (M. D. or other) _____
Address 2605 Franklin & 9th Date signed 12-9-43

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 *Arthur L. Williard*

Licensed Embalmer No. *4221*

P. O. Address *4229 E Garfield*

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.