

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **15017**

**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:  
**Homer G. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 1/2 Hrs 15 Min**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **17**  
(c) City or town **St. Louis** **9 21**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2928 Dickson Street**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **12** day **4**  
year **43** hour **2** minute **45** p.M.  
21. I hereby certify that I attended the deceased from  
**12 - 3**, 19 **43** to **12 - 4**, 19 **43**  
that I last saw her alive on **12 - 4**, 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Prematurity**  
Due to **Unknown**  
Due to **Unknown**  
Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **William Winkler** (M. D. or other) **1-21-44**  
Address **2601 N. Whittier St.** Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Anne Boyd**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **0**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **12** (Month) **3** (Day) **43** (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **21** hr. **15** min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name **Robert Livingston Boyd**

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

14. Maiden name **Myzonia White**

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

16. (a) Informant **Arthur M. Sheppard, R.M.D.**

(b) Address **2601 N. Whittier Street**

17. (a) **Buried** (b) Date thereof **JAN 27 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **H. Merschman**

(b) Address **Early Beach Dept**

19. (a) **JAN 26 1944** (b) **J. F. Bredsch**  
(Date received for filing) (Registrar's signature)

844

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

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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.....

Licensed Embalmer No.....

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.**