

FILED MAR 27 1946
318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **2408**

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:
Homer G. Phillips Hospital
(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

3. (a) PRINT FULL NAME Rosa Boyd

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Boyd 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January 30 1907
(Month) (Day) (Year)

8. AGE: Years 39 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Rosetta Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name: Otis Gibson

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

14. Maiden name Pricilla Miller

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

16. (a) Informant William Boyd

(b) Address 2730-A Franklin Ave.

17. (a) Burial (b) Date thereof 3/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) MAR 12 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 21 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2730 A. Franklin Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1946 hour 12 minute 58 M.

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

Immediate cause of death _____

Due to Cerebral Hemorrhage

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 W. F. Budeck (M. D. or other) 3

Address St. Louis Date signed 3/11/46

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 L. Boyda
....., Registered Apprentice No. M
working under my personal supervision.

Signed Lemmie Boyda
Licensed Embalmer No. 2946
P. O. Address St Louis Mo

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.