

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**FILED** MAY 17 1946  
 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.....  
 (b) City or town..... **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**En route Homer G. Phyllins Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)  
 In this community **15 yrs.**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Missouri** (b) County..... **000**  
 (c) City or town..... **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **2312-a Pine St.**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **JAMES J. BOYD**

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

**4. Sex** **Male** **2** **5. Color or race** **Col.** **6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Gussie Boyd** **6. (c) Age of husband or wife if alive** **29** years

**7. Birth date of deceased** **12** **31** **1904**  
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
41	3	29		

**9. Birthplace** **Pine Bluff, Arkansas.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Laborer**

**11. Industry or business**.....

**MOTHER FATHER** { **12. Name** **James Boyd, Sr.**

{ **13. Birthplace** **Pine Bluff, Arkansas**  
(City, town, or county) (State or foreign country)

{ **14. Maiden name** **Mary Kindle**

{ **15. Birthplace** **Pine Bluff, Arkansas**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Gussie Boyd**

**(b) Address** **551 Jackson St., Memphis, Tenn**

**17. (a) Removal** **(b) Date thereof** **5-6-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Pine Bluff, Ark.**

**18. (a) Signature of funeral director** **Gus Lowe**

**(b) Address** **2930 Dickson St.**

**19. (a) My** **4. 1946** **(b) J. F. Bredeek**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **30th**  
 year **1946** hour **11:07** minute **30** P. 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**  
**Internal hemorrhage from Gunshot wound of heart and left lung: inflicted at the hands of one James Stratton, Col., in a pool room, at 2031 Market St., around 7:50 P.M. April 30th, 1946.**

**Other conditions:**  
(Include pregnancy within 3 months of death)

**22. If death was due to external causes, fill in the following:**

**(g) Accident, suicide, or homicide (specify)** **Homicide**  
**Date of occurrence** **April 30th, 1946**

**(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 Public Place above**  
(Specify type of place)

**While at work?**..... **Means of injury**.....

**Major findings:**  
 Of operations..... **166**  
 Of autopsy.....

**23. Signature** **Alford J. Perry** **(M. D. or other)**  
**Address** **Regin** **Date signed** **4/30/46**

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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.**