No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25334

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7070

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 EN ROUTE CITY 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 13 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4311 LACLEDE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES A. BOYD

3. (b) If veteran, name war —

3. (c) Social Security No. 498-07-2574

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife CELIA BOYD

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased FEB-4-1885 (Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days ~~25~~ 4 If less than one day hr. min.

9. Birthplace ST. LOUIS - MO (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant MRS. CELIA BOYD
(b) Address 4311 LACLEDE

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 7-31-47 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 Natural Bridge

19. (a) JUL 30 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1947 hour 2 minute 30 A.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.

	Duration
Immediate cause of death Chronic Myocarditis Chronic Interstitial Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M.D. or other)

Address Date signed 7-31-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.