No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35530

FILED OCT 24 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9302

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: Missouri Baptist 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)

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. 5330 Pershing Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA B. BOYD.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 22 (Day) 1867 (Year)

8. AGE: Years 80 | Months 5 | Days 15 | If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired; Principal
11. Industry or business Roe School.
FATHER
12. Name Alexander Boyd.
13. Birthplace Ogdensberg, (City, town, or county) New York. (State or foreign country)
MOTHER
14. Maiden name Rebecca Poorman.
15. Birthplace unknown (City, town, or county) New York. (State or foreign country)
16. (a) Informant Sarah L. Boyd.
(b) Address 5330 Pershing Ave.,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) OCT 7 19 (Date received by local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 7 year 1947 hour 7:00 minute A. M.
21. I hereby certify that I attended the deceased from May 8, 19XX to Oct 7, 1947 that I last saw her alive on Oct 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro-vascular accident with right sided hemiplegia	Aug 26, 1947
Due to generalized arterio-sclerosis	indefinite
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 Robert M. Smith (M. D. or other) M.D.
Address 114 N. Taylor Date signed 10/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JE-8600
9-12 P.M.

DEC 15 1954

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.