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

FILED FEB 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 6093

Registrar's No. 1283

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 9 days (Specify whether years, months or days)

In this community Life

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. 3422 Lucas Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ninene 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 Separated

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 24 (Day) 1901 (Year)

8. AGE: Years 46 Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Geo. Washington Shivers
13. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Sheppard
15. Birthplace Vicksburg, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Arvelle Shivers
(b) Address 3419 Lucas Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) FEB 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1948 hour 8 minute 50 p. M.

21. I hereby certify that I attended the deceased from Jan. 24, 1948, to Feb. 2, 1948 that I last saw him/her alive on Feb. 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Organic Brain Disease - Vascular	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 Herbert J. Conway (M. D. or other)
Address 2601 N "hittier Date signed 2/3/48

Jefferson City Printing Co.
FEB 7 1948

(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 Guy Shelton, Registered Apprentice No. 3, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4259

P. O. Address 4107 [illegible]

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.