

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 24124
Registrar's No. 6850

Registration District No. 318

Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo; 3 days
(Specify whether
in this community 37 yrs
years, months or days)

3: (a) PRINT
FULL NAME

Georgia Boyd

3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex Female 3 5. Color or
race Col. 6. (a) Single, widowed, married,
divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased October 1 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	10	1	hr. min.

9. Birthplace Paragould Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name George Keys 9
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jenkins
15. Birthplace unknown Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Jackson(b) Address 1818 N. Sarah St.17. (a) Burial (b) Date thereof 8-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cemetery18. (a) Signature of funeral director Ellis Funeral Home(b) Address 2820 Stoddard St.19. (a) AUG 4 - 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3126a Pine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1948 hour 4 minute P M.

21. I hereby certify that I attended the deceased from
July 1, 1948, to August 2, 1948
that I last saw h. er alive on August 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Post-Operative Carcinoma of Left
Breast with Metastases

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

Unk

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 O. L. Daniels (M. D. or other) _____
Address 2601 N Whittier Date signed 8-4-48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Fulton C Culkin

Licensed Embalmer No.

4198

P. O. Address.....

St Louis 13 m

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.