

No. 300
-10-47
5-17-39
I 3906

FILED OCT 23 1948

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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary 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 Wid. 7

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

abt 76 Unknown hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) MISS

10. Usual occupation W/L

11. Industry or business _____

12. Name GUY STARKS

13. Birthplace _____
(City, town, or county) (State or foreign country) MISS

14. Maiden name HARRELL

15. Birthplace _____
(City, town, or county) (State or foreign country) MISS

16. (a) Informant HALLIE WELG

(b) Address 408 MONTROSE

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof Sept 27/48
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. A. Green

(b) Address 4214 DELAWARE BLVD

19. (a) SEP 25 1948 (Date received local registrar)

J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 408 S Montrose
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1948 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 9-19 1948 to 9-21 1948
that I last saw h. er alive on Sept. 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Senility; Mal-nutrition and Dehydration

Duration 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 to 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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Oscar Daniels (M. D. or other) _____

Address 2601 N Whittier

Date signed 9/23/48

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

MOTHER, FATHER

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 *F. C. Green*

Licensed Embalmer No 2963

P. O. Address 4214 DELMAR Blvd

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.