

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21149

State File No.

FILED JUN 29 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5516**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dutcher Hospital 2646 Potomac St.		e. STREET ADDRESS (If rural, give location) 2224 Miami St.	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Byron c. (Last) Boyd			4. DATE OF DEATH (Month) (Day) (Year) June 16, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 1, 1886
9. AGE (In years) (Months) (Days) 64 10 15		10. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Receptionist		10b. KIND OF BUSINESS OR INDUSTRY Funeral Home	
11. BIRTHPLACE (State or foreign country) Decatur, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Not known	
14. NAME OF HUSBAND OR WIFE Bertha		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Bertha Boyd		ADDRESS 2224 Miami St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		30 Min.	
DUE TO (b)		5 years	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 6-15-51		19b. MAJOR FINDINGS OF OPERATION Common chord obstruction.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 157X			
22. I hereby certify that I attended the deceased from 2-7 , 19 49 , to 6-16 , 19 51 , that I last saw the deceased alive on 6/16/1951 19 51 , and that death occurred at 12:30 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William W. Turkey, M.D.		23b. ADDRESS 3108 So Grand	
23c. DATE SIGNED 6-18-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/19/51	
24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
DATE REC'D BY LOCAL REG. JUN 18 1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.	

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

SEP 1953
08PT

Mick?

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.