

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4252

XC - Unknown
Reg. # 107 522

BIRTH NO. FILED JAN 17 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0053

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS (If rural, give location) 912 CUTTER STREET (REAR)	
3. NAME OF DECEASED (Type or Print) a. (First) WILL b. (Middle) (NMI) c. (Last) BOYD		4. DATE OF DEATH (Month) (Day) (Year) 1-2-53	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8-26-84
9. AGE (In years, last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAINER	11. BIRTHPLACE (City and State or Foreign Country) ROCKDALE, TEXAS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAINER		10b. KIND OF BUSINESS OR INDUSTRY JUNK YARD	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JACK BOYD		13b. MOTHER'S MAIDEN NAME KATIE (UNKNOWN)	
14. NAME OF HUSBAND OR WIFE UNKNOWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS, MO. ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF THE STOMACH WITH METASTASIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 12-31-52 , to 1-2-53 , that I saw the deceased XXXXXX XXXX XXXX XXXX , and that death occurred at 3:20P m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) 0 M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BKS, MO.	
23c. DATE SIGNED 1-2-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9 January 1953	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Bks, Missouri	
DATE REC'D BY LOCAL REG. 1-8-53		REGISTRAR'S SIGNATURE Herbert R. Doudle - M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. H. Officer		ADDRESS 2114 Mission Ave.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Ben H. Malden

Licensed Embalmer No. *2420*

P. O. Address *721 N. 26th Street*

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.