

FILED MAR 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11286

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2464

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| 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 Saint Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION enroute to Homer Phillips Hosp. | | 4443a North Market Street | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Boykins c. (Last) Boykins | | | 4. DATE OF DEATH (Month) (Day) (Year) March 1, 1953 | | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | |
| 8. DATE OF BIRTH 7/23/1903 | | 9. AGE (In years last birthday) 49 | | 10. IF UNDER 1 YEAR Days 8 | |
| 11. BIRTHPLACE (City and State or Foreign Country) Augusta, Arkansas | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Chauffeur | | 10b. KIND OF BUSINESS OR INDUSTRY Garage | | | |

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| 13a. FATHER'S NAME Isaac Boykins | | 13b. MOTHER'S MAIDEN NAME Onie Holmes | | 14. NAME OF HUSBAND OR WIFE Beulah Boykins | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 488-18-3838 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beulah Boykins - 4443a North Market | |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure DUE TO (c) Chronic Aortitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of colon | | | | INTERVAL BETWEEN ONSET AND DEATH | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 023X H | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
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| 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 07.3h | |
|--|--|--|--|----------------------------------|--|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:48 p.m., from the causes and on the date stated above.

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|---|--|-------------------------|--|-------------------------|--|
| 23a. SIGNATURE (Degree or title) <i>Joseph M. Deane</i> | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 3/7/53 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE March 7, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri | |
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| DATE REC'D BY LOCAL REG. MAR 5 1953 | | REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros. Und. Co. 3644 Finney | |
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

3

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

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4223 Enright Avenue

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.