

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **9955**

FILED MAR 18 1957

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. **1950**

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 1950 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St Louis | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 38 D.O.A. HOMER PHINIP | | | | e. STREET ADDRESS (If rural, give location) 1415 Goodfellow | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Josephine | | b. (Middle) | | c. (Last) Boyd | | 4. DATE OF DEATH (Month) (Day) (Year) 2 24 57 | |
| 5. SEX F | | 6. COLOR OR RACE 3 Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH 1890 67 | |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months Days | | IF UNDER 2 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Mississippi | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Henry Boyd | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Zarata Johnson 1415 Goodfellow | | | |
| 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Arterio Sclerosis 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 420.1 | | 20. AUTOPSY? 2 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) | | 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 19 7:40 to 19 9:40 , that I last saw the deceased alive on 7/26/57 , and that death occurred at 9:40 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Joseph In Deacon | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 2/26/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 3-2-57 | | 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem. Lema, MO. | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. FEB 26 57 | | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS A. H. Burkes 3506 Franklin | | | |

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.....
Signature of Student Embalmer

Signed *Leroy W. Bonniester*.....
Licensed Embalmer No. *4523*.....

P. O. Address *4252 Washington*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.