

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15662
State File No.

FILED MAY 13 1957

S. No. 300
V. 10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>1077</u>		
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (In this place) <u>50 YRS</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>		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 <u>701 ELM AVE</u>				e. STREET ADDRESS (If rural, give location) <u>701 ELM AVE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u> b. (Middle) _____ c. (Last) <u>BOYD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1957</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>April 6 1879</u>		
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DAWSON SPRING KY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>ANN RICE</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lena Elkins 701 Elm Ave</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> 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 <u>over 5 yrs</u> <u>over 5 yr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? <u>2</u> 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) <u>4200</u>				
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 <u>Jan 10, 1957</u> , to <u>Apr 22, 1957</u> , that I last saw the deceased alive on <u>Apr 22, 1957</u> , and that death occurred at <u>6:57 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James R. Jones M.D.</u>				23b. ADDRESS <u>237 W. Lockwood Webster Groves 19, Mo.</u>		23c. DATE SIGNED <u>4-24-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 6, 57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Nickerson Cemetery Crestwood Mo.</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>4-24-57</u>		REGISTRAR'S SIGNATURE <u>Rebecca K. Nambem</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. J. Vandell & Sons Funeral Home 177 East Hickham Ave</u>				

NOV 8 1957

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 *Theodore J. Yandee*
Licensed Embalmer No. *4243*

P. O. Address *130 Eldred
White Horse N.J.*

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.