

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030262

FILED VS SEP 4 1959

2 7809

STATE FILE NUMBER

DED

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If outside, give location) 5560 Cates	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle FLOYD Last Boyd			4. DATE OF DEATH Month 8 Day 22 Year 59			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/1/1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 27 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Indianapolis, Ind.	
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Guy Boyd		13b. MOTHER'S MAIDEN NAME Effie unk	
14. NAME OF HUSBAND OR WIFE Myrtle Boyd			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. #1			
16. SOCIAL SECURITY NO. 412-09-7830			17. INFORMANT Address Charles Clark 5560 Cates			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) MEDIASTINITIS 150X		16 hours	
DUE TO (b) PERFORATED ESOPHAGUS		16 hours	
DUE TO (c) CARCINOMA OF THE ESOPHAGUS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **July 1, 1959** to **Aug 22 '59** and last saw **him** alive on **Aug 22 / 1959**
Death occurred at **2:15** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank L. Coyle (Degree or title) Frank L. Coyle M.D.	22b. ADDRESS 1325 So Grand Blvd	22c. DATE SIGNED 8/22/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-25-1959	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.
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24. FUNERAL DIRECTOR C.R. Lupton & Sons 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. AUG 24 '59	26. REGISTRAR'S SIGNATURE Keal Smith M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schaefer

Licensed Embalmer No. 3864

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.