

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028465

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7264

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1962		1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEOPLES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>2614 MADISON AVE</u>	
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 Middle Last <u>ELsie Boyd</u>			4. DATE OF DEATH Month Day Year <u>7-21-1962</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>colored</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-28-18</u>	9. AGE (last birthday) <u>44 YRS</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>LUXORA, ARK</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>ALLIE EMMONDS SR.</u>	13b. MOTHER'S MAIDEN NAME <u>REBEKAH JONES</u>	14. NAME OF HUSBAND OR WIFE <u>WM BOYD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT Address <u>WM. BOYD 2614 MADISON</u>
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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) <u>Cerebral Embolism</u>		<u>7-21-62</u>
DUE TO (b) <u>Metastatic Ca Left Breast</u>		<u>Sept. 58</u>
DUE TO (c) <u>Carcinoma Right Breast</u>		<u>Sept. 58</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>170x</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 <u>Sept. 1961</u> to <u>7-21-62</u> and last saw her/him alive on <u>7-21-62</u>	
Death occurred at <u>5:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>JC Shepard, M.D.</u> (Degree or title)	22b. ADDRESS <u>5010 Page Blvd</u>	22c. DATE SIGNED <u>7-23-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>7-25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>
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24. FUNERAL DIRECTOR ADDRESS <u>A.F. WALTON 2707 Stoddard</u>	25. DATE RECD. BY LOCAL REG. <u>JUL 24 1962</u>	REGISTRAR'S SIGNATURE <u>Joan Smith, M.D.</u>
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VS 300 Rev. 4/59

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RATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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

H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.