

Registration District No. 791Primary Registration District No. 1003

Registrar's No.

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
En route C ty Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

8. (a) PRINT FULL NAME WILLIAM MOORE BOYLAN 4508. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 498-07-01544. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Irene Boylan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Dec. 5 1881  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
58 4 12 hr. \_\_\_\_\_ min.9. Birthplace Allenton, Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Railroad Switchman11. Industry or business Steel Foundry (Scullin)MOTHER FATHER  
12. Name Moore Boylan  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)14. Maiden name Unknown  
15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Eva Hollingsworth (Daughter)(b) Address 3818 McCausland Ave. St. Louis17. (a) Burial (b) Date thereof Apr. 20, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Allenton, Missouri18. (a) Signature of funeral director M. Croghan(b) Address 7146 Manchester Ave.19. (a) APR 19 1940  
(Date received local registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3818 McCausland Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

No attending physician

20. DATE OF DEATH: Month April day 17  
year 1940 hour 1 minute 38 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull, Duration  
hemorrhage, suffered when struck by  
Plymouth Coupe driven by Nick Yurich  
about 1.35 A.M. April 17th, 1940, at  
Broadway and Gasconade. ACCIDENT.

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT(b) Date of occurrence 4-17-1940(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public placeWhile at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_23. Signature Joseph [Signature] (M. D. or other)Address [Signature] Date signed \_\_\_\_\_

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester Ave.

**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, above space should be left blank.**