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

Registration District No. 7911 Primary Registration District 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:
3442 Crittenden St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 10 years

3. (a) PRINT FULL NAME Joseph Boyse

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male White

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 12 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>30</u>	hr. _____ min. _____

9. Birthplace St. Charles 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Electrician

11. Industry or business _____

MOTHER FATHER {

12. Name William Boyse

13. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Susan Drury

15. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Boyse

(b) Address 3442 Crittenden St.

17. (a) Burial (b) Date thereof 3 14 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Gullen & Kelly

(b) Address 7267 Natural Bridge

19. (a) MAR 13 1941 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MOU/16

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3442 Crittenden St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1941 hour 4:15 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

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

Immediate cause of death Coronary Occlusion
Fatty Infiltration of Myocardium

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations Autopsy

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)

Means of injury 3

23. Signature W. J. Berry (M. D. or other) _____
Address 1111 Broadway Date signed 3/13/41

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

Clement McHenry

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.