

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. JOHNS. HOSPITAL ( )  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 WEEKS (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS  
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")  
(d) Street No. 3406 ARLINGTON AVE. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM F. BOYSE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE ( ) 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LENA BOYSE 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased OCT. 15, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 8 0 hr. min.

9. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation POLICE OFFICER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name WILLIAM BOYSE  
13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name SRAH DONT KNOW  
15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LENA BOYSE  
(b) Address 3406 ARLINGTON AVE.

17. (a) BURIAL (b) Date thereof 6-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director William J. Donnelly  
(b) Address 3840 LINDELE BLVD.

19. (a) JUN 17 1941 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15  
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-40 1940 to 6-15-41 1941  
that I last saw him alive on 6-14-41 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of lung 4 Mo.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Carcinoma right lung PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature E. H. Bowdler (M. D. or other) M.D.

Address 634 N. Grand Date signed 6-16-41

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

634 N. Henry  
2-4

**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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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, fact should be so stated above.**