DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23342

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5694

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Convent of Good Shepherd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 Years (Specify whether
In this community 45 Years. 4
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

(c) City or town St. Louis. 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3801 Gravois Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Sr. Magdalen of the Holy Cross Philomene Boylan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 28th (Day) 1865 (Year)

8. AGE: Years 75 Months 10 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Religious

11. Industry or business

FATHER
12. Name Patrick Boylan
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Judith Dennis
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant's own signature Sister Mary of St. Francis Xavier
(b) Address 3801 Gravois ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-41. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JUL 10 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 10th. year 1941 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Jun-1-1941 to July 8, 1941, to , 19 ; that I last saw her alive on July - 8th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack
Chronic myocarditis 3-5 yrs
with auricular fibrillation
~~Due to~~ Senility

Due to

Other conditions Hepatic Chirrosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1246
Of autopsy Not made

Duration

PHYSICIAN

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

23. Signature J. A. O'Donnell (M. D. or other) 16
Address 4065 So Grand Date signed 7/10/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19311

Dr J. A. O'Dowd.
7403 Nottingham Ave

**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 Stanley Marsha

Licensed Embalmer No. 2868

P. O. Address 3840 Lindel

**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.**