

State File No.

Registrar's No.

FILED APR 8 1942 791

Registration District No.

Primary Registration District No.

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17  
9  
199  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
**7123 Manchester Ave.** **2**  
(If not in hospital or institution, give street number or location)  
*Er. Route 10th Hosp #1*  
(If strength of case in hospital or institution)  
 In this community..... **60 Yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **St. Louis** **096**  
 (c) City or town..... **Maplewood** **NR3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **7221 Ann Ave.**  
(If rural, give location)  
 (e) *No attending Physician* (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME..... **Hubert Benard Boland**

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

4. Sex..... <b>M.</b>	5. Color or race..... <b>W.</b>	6. (a) Single, widowed, married, divorced..... <b>S. 0</b>
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6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **May 20th., 1874**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>9</b>	<b>29</b>	hr. min.

9. Birthplace..... **Perryville Mo. 6**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Brick Layer**

11. Industry or business.....

12. Name..... **John Vincent Boland**

13. Birthplace..... **Mo. 0**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Susan Simms**

15. Birthplace..... **Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Albert J. Boland**  
(b) Address..... **4061 St. Louis Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **3-21-1942**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Cemetery**

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

19. (a) **MAR 20 1942** (Date received local health report) (b) *J. A. Bridest* (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Mar.** day..... **19th.** year..... **1942** hour..... **2** minute..... **a.** 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..... *Arteriosclerosis* Duration

*Chronic Nephritis*

*Edema of Brain*

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

Major findings..... *121*

Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury..... **0**  
23. Signature..... *James P. ...* (M. D. or other)  
Address..... 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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 5840 Linnell

**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.