

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25219
Registrar's No. 1553

Registration District No. 78

Primary Registration District No. 114

96
15
0

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town SHREWSBURY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7740 SUFFOLK AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 21 YRS (Specify whether years, months or days)

3. (a) PRINT FULL NAME LINNIE MAUDE BOYCE

3. (b) If veteran, name war. No 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife HARRY E BOYCE 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased APRIL-9 (Month) 1892 (Day) (Year)

8. AGE: Years 50 Months 3 Days 10 If less than one day - hr. - min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name ROBERT E McQUIE

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

14. Maiden name NELLIE QUICK

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

16. (a) Informant Nancy Boyce

(b) Address 7740 SUFFOLK AVE

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

(c) Place: buried or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director. Parker Ind Co

(b) Address 15 W LOCKWOOD AVE W.G

19. (a) JUL 20 1942 (Date received local health officer) (b) W. McSweeney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town SHREWSBURY (If outside city or town limits, write "RURAL")
(d) Street No. 7740 SUFFOLK AVE. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1942 hour - minute - M.

21. I hereby certify that I attended the deceased from July 14, 1942 to July 17, 1942.

that I last saw her alive on July 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration 4 days

Due to following a cerebral thrombosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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

23. Signature Wesley H. Blanchard (M. D. or other)

Address Wesley H. Blanchard Date signed July 20 1942

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

W. B. Aldrich

Licensed Embalmer No.

1332

P. O. Address

Webster Grove

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.