. S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35689

FILED DEC 5 1944

Registration District No. 318

Primary Registration District No. 106

Registrar's No. 10075

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: 2413A COLEMAN ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NIL (Specify whether

In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 0011

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2413a COLEMAN ST.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN BOYLAN

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No. 499-12-5938

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FLORENCE BOYLAN

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JAN (Month) 22 (Day) 1889 (Year)

8. AGE: Years 55 Months 10 Days 5 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation GUARD

11. Industry or business U.S. ORDNANCE PLANT

FATHER
12. Name JOHN BOYLAN
13. Birthplace UNK. (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name MARY GRIMES
15. Birthplace UNK (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant MRS. FLORENCE BOYLAN

(b) Address 2413A COLEMAN ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/30/44 (Month) (Day) (Year)

(c) Place: burial or cremation NATL. CEM. JEFF. BRKS

18. (a) Signature of funeral director Friedmeyer & Sons

(b) Address 3934 N. 20 St.

19. (a) NOV 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1944 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from May 26 1944 to Nov 22 1944 that I last saw him alive on Nov 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus — Duration 8 months

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Esophagus

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas Wayland (M. D. or other)

Address 3115 So Grand Date signed 11-27-44

(Licensed Embalmer's Statement on Reverse Side)

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.....Alfred J. Bedeke

Licensed Embalmer No.....2663

P. O. Address.....5939 Alpha

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.