

v. S. No. 2
ROOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38942
11258

State File No. _____
Registrar's No. _____

FILED JAN 31 1946
Registration District No. _____

Primary Registration District No. 1003

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

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: Barres Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 days (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 1997

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

(d) Street No. 5477 Washington Place (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME MAUD JEAN BOYLAN

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 Robt J. Boylan

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased June 5- 1909
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21
year 1945 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 12-19-45, 1945, to 12-21, 1945
that I last saw her alive on 12-21, 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>6</u>	<u>16</u>	_____ hr. _____ min.

Immediate cause of death Myocardium gravis 16 yrs.

Due to _____

Due to _____

Other conditions acute coring 3 days
(Include pregnancy within 3 months of death)

9. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Lo Lee Carter

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

14. Maiden name Elizabeth Hines

15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant Bolan Carter

(b) Address 1447 No 42nd St, St. Louis

17. (a) Removal Estimate (b) Date thereof 12 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles

18. (a) Signature of funeral director Yes

(b) Address 218 State Street

19. (a) DEC 21 1945 (Date received local registrar)

J. F. Beck (Registrar's signature)

Major findings: 150

Of operations _____

Of autopsy _____

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)

(c) Means of injury 0

23. Signature Herbert C. Niepand M.D. or other MD.

Address Barres Hospital Date signed _____

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2470

P. O. Address E. Thomas Ellis

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.