V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28473

FILED AUG 29 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7287

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

27311

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5146 Ridge Ave. Memorial
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA BOYLE

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

4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Patrick
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April (Month) 15 (Day) 1901 (Year)

8. AGE: Years 45 Months 4 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 At Home
11. Industry or business
FATHER
12. Name William Fleming
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Bridget Bradley
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Patrick Boyle
(b) Address 5146 Ridge Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd
19. (a) AUG 22 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th year 1946 hour 3:35 minute P M.

21. I hereby certify that I attended the deceased from 8/1/46, 19 , to Aug. 20th, 1946; that I last saw her alive on Aug. 20th, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Waterhouse-Friedrichsen syndrome (hemorrhage into adrenals) — Duration
Due to Meningococcemia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy As above

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 Robert E. Koch 1515 Lafayette 8/21/46 (M. D. or other)
Address Date signed

(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 Bernard A. J. Stuart

Licensed Embalmer No. 3500

P. O. Address.....

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.