S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42872

Registrar's No. 11252

1. PLACE OF DEATH:

(a) County

(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: 1456 Stewart Pl. (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 1456 Stewart Pl. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Boyle.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 15, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	10	8	hr. min.

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

10. Usual occupation Cement finisher

11. Industry or business

MOTHER FATHER

12. Name John Boyle

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

14. Maiden name White

15. Birthplace Ireland (City, town, or country) (State or foreign country)

16. (a) Informant Charles Boyle

(b) Address 1456 Stewart Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1947. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. Quinn

(b) Address 1384 Union Blv'd.

19. (a) DEC 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 21, 1947, to Dec 23, 1947, that I last saw same alive on Dec 23, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Myocarditis	
Due to arteriosclerosis	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 W. J. White (M. D. or other) M.D.

Address 803 N. Kingshighway Date signed 12-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1952

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 Rex Campbell

Licensed Embalmer No. 3881

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.