

S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **41298**
Registrar's No. **10726**

Registration District No. **318**

Primary Registration District No. **1003**

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:
4218 Castleman
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 17 4218 Castleman
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hugh P. Boyle
(b) If veteran, name war ---
(c) Social Security No. ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 10
year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 1947 to Dec 6 1948
that I last saw him alive on Dec 6 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Mae
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Oct. 6 1888
(Month) (Day) (Year)

Immediate cause of death _____
Coronary occlusion bro.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 60 Months 2 Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name William Boyle

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

14. Maiden name Mary C. Lawes

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

16. (a) Informant Elsie Mae Boyle
(b) Address 4218 Castleman

17. (a) Burial (b) Date thereof 12/13/48
(c) Place: burial or cremation Pleasant Hill, Ill.

18. (a) Signature of funeral director Wacker-Heidule
(b) Address 3634 Gravois Ave.

19. (a) DEC 12 1948 (b) J. B. Sasaki
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature E. R. Sneider (M. D. or other) md
Address 2602 So. Grand Date signed 12-11-48

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

NOV 21 1953
S.A.

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 *Delis J. Karpis*
Licensed Embalmer No. 3497
P. O. Address 3634 Grannis

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.