

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17097

318

1003

State File No. 4266

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>4</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		
d. FUEL NAME OF HOSPITAL OR INSTITUTION <u>St. Ann's Home</u>		d. STREET ADDRESS (If rural, give location) <u>5301 Page Blvd.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) c. (Last) <u>Boyle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11-1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar. 10-1859</u>	
9. AGE (In years last birthday) <u>90</u> 21		9. AGE (In years last birthday) UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>
13a. FATHER'S NAME <u>Patrick Holloran</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Lyghe</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Boyle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ed. Snow 5524 Bancroft</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerosis (Cerebral)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>97</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4300</u>		
22. I hereby certify that I attended the deceased from <u>May 1944</u> to <u>May 11, 1949</u> , that I last saw the deceased alive on <u>May 6, 1949</u> and that death occurred at <u>7:17 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. Mrs. J. Langan Sr. M.D.</u>		23b. ADDRESS <u>15803 Plymouth av</u>		23c. DATE SIGNED <u>May 12/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE RECD BY LOCAL HEALTH DEPT. <u>MAY 13 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Pascher</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. T. Smart 1225 Union St.</u>		

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

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.