

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 10 96 135 REG. DIST. NO. 918 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2535

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>339 N. Taylor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>12 Avalon Hotel, Taylor and Per-</u>	
3. NAME OF DECEASED (Type or Print) <u>ROSE</u>		a. (First) <u>BOYLE</u>	b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-52</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>11-1-1877</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Pentony</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen McCarthy</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Boyle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Stephens</u> ADDRESS <u>5560 Pershing ave.</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>Fr left shoulder; Arterio sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <u>suffered when deceased fell</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>at the railway out side her room at the Avalon Hotel</u>			
DUE TO (b) <u>Fr left shoulder</u>			
DUE TO (c) <u>770 Taylor Ave on</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>May 17 1952 at about 2:15 pm</u>			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>000 Accident</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 17 52 2 p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E 9036-20</u>	
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased <u>live on</u> , <u>19</u> , and that death occurred at <u>7:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>3/15/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valvary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAR 17 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Guy Mullen</u> ADDRESS <u>5041 Delmar avenue</u>	

(Licensed Embellisher's Statement on Reverse Side)

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

0.300
0.48

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 *Bert Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *Stevens, MD*

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.