

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5939**
Registrar's No. **1640**

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY			
b. CITY OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) EDWARD		a. (First)		b. (Middle) F.	
c. (Last) BOLEY		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 18, 1954		5. STREET ADDRESS (If rural, give location) 18 4370 SWAN AVE. 1890	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	
8. DATE OF BIRTH 11-1-1895		9. AGE (In years last birthday) 58		10. UNDER 1 YEAR Months Days	
11. UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) ALLENTON, MO.		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LADDER-PARK DEPT.-CITY OF ST. LOUIS		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME JACOB BOLEY	
13b. MOTHER'S MAIDEN NAME CORA FARLEY		14. NAME OF HUSBAND OR WIFE LATE CLARA BOLEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	
16. SOCIAL SECURITY NO. W.W.#1		17. INFORMANT'S SIGNATURE OR NAME EDWARD A. BOLEY		ADDRESS P.R.#2 SULLIVAN, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Cerebral Infarct		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) Hypertensive Cardiovascular Disease		DUE TO (c) Branchopneumonia			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X	
22. I hereby certify that I attended the deceased from 2-3-54 , 19___, to 2-18-54 , 19___, that I last saw the deceased alive on 2-18-54 , 19___, and that death occurred at 10:30A m., from the causes and on the date stated above.					
23a. SIGNATURE Phillip Comens (Degree or title) MD		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 2-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-25-54		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
24d. LOCATION (City, town, or county) (State) JEFFERSON BKS. MO.		DATE REC'D BY LOCAL REG. FEB 19 1954		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE MARIEGSHAUSER		ADDRESS 4228 S. KINGSHIGHWAY			

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.....
Signature of Student Embalmer

Signed *Richard W. Stowers*.....

Licensed Embalmer No. *4007*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.