

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007972

FILED VS MAR 14 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 2301** STATE FILE NUMBER

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>	Length of stay in 1b	c. CITY OR TOWN <b>Lemay</b> <del>812 Pardella</del>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA City Hospital</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>812 Pardella</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Edward M. Boylan, Jr.</b>			4. DATE OF DEATH Month Day Year <b>Feb. 25, 1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 23, 1924</b>	9. AGE (last birthday) <b>35</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bricklayer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>Y USA</b>	
13a. FATHER'S NAME <b>Edward Boylan Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Melva Cervenka</b>		14. NAME OF HUSBAND OR WIFE <b>May Boylan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War II</b>		16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT Address <b>May Boylan 812 Pardella, Lemay, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thbomsosis 15 min.</b> DUE TO (b) <b>premature arteriosclerosis generalied</b> DUE TO (c) <b>420.1</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from **9 21 59** to **12 17 59** and last saw <sup>her</sup><sub>him</sub> alive on **12 17 59**  
Death occurred at **230 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Death or title) <b>John G. Kellett M.D.</b>	22b. ADDRESS <b>2623 Telegraph</b>	22c. DATE SIGNED <b>2-26-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>2-29-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cem.</b>
23d. LOCATION (City, town, or county) <b>Lemay, Mo.</b>		(State)

24. FUNERAL DIRECTOR ADDRESS <b>Southern Funeral Home 6322 S. Grand, St. Louis, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>FEB 27 1960</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith: M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

S.P.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Note: This patient has a family history of coronary artery disease. Grandfather died at age 63 with coronary disease, Mother had a coronary at age 42 and died of coronary artery disease at age 50. Sister died of an acute coronary thrombosis at age 34. The patient was examined by me on two occasions, the last on 12 17 59 at that time the EKG was normal. He did complain of occasional pains in the chest and a sense of tightness in the chest. On the day of his death he suddenly got a very severe pain in the precordial area, accompanied by dysnea, the pain radiated to his right arm and left arm and to his neck. The pain was extremely severe and he died in a period of 5 minutes, he stated to his father that he had one similar episode one week previously to the fatal attack.

*J. Kellett*  
J. Kellett

#### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*David J. Foster*

Licensed Embalmer No. 4242

P. O. Address 5rd Louis

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.