

JAN 28 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42319

1. PLACE OF DEATH

County St. Louis

Registration District No. 785

Township Kirkwood

Primary Registration District No. 3037

City Kirkwood (No. 739)

Seppington Rd

File No. _____

Registered No. 256

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 739 Seppington Rd St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Johanna Boughlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 12 1853

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, _____ hrs. or _____ min.

75

10

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bldg Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

10. NAME OF FATHER

Unknown Boughlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

(Address)

Mrs Joseph F. Tracy
Kirkwood Mo

15.

FILED

1/10 1929

C. E. Barrett
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20, 1928

17.

I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1928 to Dec. 20, 1928 that I last saw him alive on Dec. 17, 1928, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pulmonary embolism

9 1/2 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

thrombosis of pelvic veins (duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. J. Welch, M. D.

12/20, 1928 (Address) Kirkwood Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cemetery

12-22 1928

20. UNDERTAKER

ADDRESS

Arthur J. Rommelly

2039 Ward St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Northwood Transit Bay

3-5

ADG Summit

209 S 72nd + Wood Rd