WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

16523

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. St Luke Hospital St. ..... Ward)

File No. .....

Registered No. 5044

2. FULL NAME Mary E. (Boyse) Boyse

(a) Residence. No. 3507 Chippewa St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	49	11	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Telephone Operator
(b) General nature of industry, business, or establishment in which employed (or employer) 127
(c) Name of employer Vanderoe

9. BIRTHPLACE (CITY OR TOWN) St. Charles
(STATE OR COUNTRY) Mo. 1

PARENTS

10. NAME OF FATHER Wm. (Boyse) Boyse

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland. 15

12. MAIDEN NAME OF MOTHER Susia Druey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Thrusia Boyse
(Address) 3507 Chippewa

15. FILED APR 27 1931, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-26 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1922, to April 26, 1931 that I last saw her alive on April 25, 1931, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism
92A
93a
92B (duration) ..... yrs. ..... mos. 18 hrs. ds.

CONTRIBUTORY (SECONDARY) Mitral Stenosis & Myo-Carditis Chronic (duration) 10 yrs. ..... mos. ..... 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? Clinical

(Signed) K. F. Glaze, M. D.
4/27, 19/31 (Address) 912 Beaumont Bldg

*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
Calvary	4/29 1931
20. UNDERTAKER Cullen Kelly	ADDRESS 1416 N. Taylor

3720 Washington Jeff 6720

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