

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

Do not use this space.

32382

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis Co. (No. _____)

Registration District No. 789
Primary Registration District No. 6033B

File No. _____
Registered No. 294
St. _____ Ward _____

2. FULL NAME

(a) Residence No. James Boyle Ward. 0
(Usual place of abode) Wicks

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. (IF MARRIED, WIDOWED, OR DIVORCED) HUSBAND OF <u>William J. Boyle</u> (OR WIFE OF)				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1894</u>				
7. AGE	YEARS <u>37</u>	MONTHS <u>—</u>	DAY <u>—</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Anton Kreschinsky</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Mrs. Boyle</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT William Boyle
(Address) Wicks

15. FILED 9/31 1931 Wicks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 9 1931 to Sept 18 1931, and that I last saw her alive on Sept 16 1931, at _____ m. death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Catarhal Gastritis
11013
11800 (duration) yrs. mos. 2 ds.

CONTRIBUTORY Acute Fibrous Pharyngitis
(SECONDARY) (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

OR IN AN OPERATION PRECEDE DEATH. no DATE OF _____ =

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Lab.

(Signed) F. W. Werning, M. D.

DATE OF DEATH Sept 19, 1931 (Address) 3315 S. Jefferson

*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

St. Mary's Cemetery Sept. 21, 1931

20. UNDERTAKER J. J. Quinn ADDRESS 1552 1/2 Grand

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.

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