

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

Do not use this space.

JAN 4 0 1937

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1008  
 City St. Louis, Mo. (No. 5974a Ridge Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 46186  
 Registered No. 11968

**2. FULL NAME**

Ellen Boyle  
 (a) Residence, No. 5974a Ridge Ave., St. 6 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Patrick Boyle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25, 1847.</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>II</u>	DAYS <u>8</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ireland

13. NAME James Barry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ireland

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ireland

17. INFORMANT Miss. Grace Boyle  
(ADDRESS) 5974a Ridge Ave.,

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cem., DATE Dec. 5/36.

19. UNDERTAKER (ADDRESS)  
Geo. W. Clark  
1125 Hodiamont Ave.,

20. FILED BY  
DEC 4 1936 J. T. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3/36. 19

22. I HEREBY CERTIFY, That I attended deceased from  
Sept 14, 1936 to Nov 3, 1936  
 I last saw her alive on Nov 2, 1936 Death is said  
 to have occurred on the date stated above, at 12.00 Noon  
 The principal cause of death and related causes of importance were as follows:

Pneumonia  
Sept 14-36  
 Other contributory causes of importance:  
General Arterio Sclerosis ?  
Chronic Myocarditis ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) A. Louis Schuchat, M. D.  
 (Address) 2200 Chouteau av.

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.

Dr. Louis W. Schuchat  
2200 Chouteau Ave.,  
Grand 5083  
I-8-PM.

3866 Tlorz Ave.  
Pr. 1410 -