

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
FEB 8 1937
Primary Registration District No. 1003

File No. 3052
Registered No. 38
St. _____ Ward _____

2. FULL NAME John P. Boyle

(a) Residence, No. 5703 Hiland Ave. St. 6 Ward.

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper-hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

13. NAME Patrick Boyle

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 15

15. MAIDEN NAME Julia Farrell

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) No. 1

17. INFORMANT Marie Boyle Mc Carthy (ADDRESS) 5918 Hartmer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 4. 37

19. UNDERTAKER Alexander S. Sauer (ADDRESS) 6175 Delmar Blvd.

20. FILED JAN 2 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) No. Physician 1-1937
in attendance

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:13 A. m.

The principal cause of death and related causes of importance were as follows: Antic Stenosis 97
Metral Insufficiency

Other contributory causes of importance: Chronic Emphysema
Non tubercular

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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?.....
If so, specify.....

(Signed) Sam R. Padley, M. D.
(Address) Crown

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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