

REC'D AUG 12 1938

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

24063
Do not use this space.

791
1003

Registered No. 6757

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. St. Lukes Hospital St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James H. Boland 45.3
 (a) Residence, No. 5202 N. Broadway St. 9
 (Usual place of abode, if no street address, write county or city) (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Matilda Boland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1966

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist
 9. Industry or business in which work was done, as saw mill, bank, etc. Machine Shop
 10. Date deceased last worked at this occupation (month and year) July 1922 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

FATHER 13. NAME Unknown Boland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrrs. Matilda Boland
 (ADDRESS) 5202 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE FRIEDENS DATE July 29 19 38

19. FUNERAL DIRECTOR Suedmeyer & Sons
 (ADDRESS) 3934 N. 20th St.

20. FILED JUL 28 1938 J. F. Bruck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 19 38

22. I HEREBY CERTIFY That I attended deceased from July 16 19 38 to July 26 19 38
 I last saw him alive on July 26 19 38. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
pyonephrosis, non-calculous, right
pyelonephritis (bilateral)
hypertrophied prostate

Other contributory causes of importance:
hypertrophied prostate

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? No
 If so, specify W. B. Stettin M. D.
 (Signed) W. B. Stettin (Address) 234 University, Chas. Berg
St. Louis - Mo.

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.

STATEMENT BY LICENSED EMBALMER

Geo. P. Schubert

Licensed Embalmer No.

2217

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Myself

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Geo. P. Schubert

Licensed Embalmer No.

2217

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)