DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 383

Registration District No. 791

Primary Registration District No.

Registrar's No. 383

1. PLACE OF DEATH:

(a) County St Louis Mo

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ile Paul Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town STLOUIS 11 (If outside city or town limits, write "RURAL")

(d) Street No. 4622A EVANS AVE. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM BOLAND

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 11 (Day) 1872 (Year)

8. AGE: Years 67 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Hardenne Mo (City, town, or county) (State or foreign country)

10. Usual occupation Steamfitter

11. Industry or business

FATHER
12. Name William Boland
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Maher
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Boland

(b) Address 4622A Evans Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J J Quinn

(b) Address 1389 Union Ave

19. (a) JAN 14 1940 (Date received local registrar) (b) J F Bosbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1940 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 6, 1939, to Jan 11, 1940 that I last saw him alive on Jan 11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage	1 mo.
Due to general arteriosclerosis	years
Due to	
Other conditions chronic nephritis (Include pregnancy within 3 months of death)	years

Major findings:
Of operations
Of autopsy

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PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur Emdeaus (M. D. or other) M.D.

Address 2202 University Date signed 1/13/40

(Licensed Embalmer's Statement on Reverse Side)

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

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed B W Finn

Licensed Embalmer No. 1591

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

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