

MAY 5 1940  
Registration District No. 701Primary Registration District No. 1003Registrar's No. 3372

## 1. PLACE OF DEATH

(a) County St Louis Mo  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: 5006 - Northland Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Life  
 years, months or days)

3. (a) PRINT  
FULL NAMEMary Boland 45<sup>3</sup>3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Female6. Color or  
race W6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife Edward J Boland (c) Age of husband or wife if  
79 years7. Birth date of deceased 9-25-1858  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

81618

hr. min.

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)10. Usual occupation House wife

## 11. Industry or business

12. Name Edward Gorman13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)14. Maiden name MARGARET PHELAN15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ed J Boland(b) Address 5006 - Northland Ave17. (a) BURIAL (b) Date thereof 4/15/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY(a) Signature of funeral director SULLIVAN(b) Address 2849 No Euclid19. (a) APR 13 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature of registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State St Louis (b) County Mo  
 (c) City or town St Louis Mo 6  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5006 - Northland  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13  
year 1940 hour 4 minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from  
APR 3, 1940, to APR 12, 1940  
that I last saw her alive on APR 13, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditisDue to arteriosclerosisDue to Chronic Cyphosis, cataractOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: 930

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_23. Signature W J White (M. D. or other) \_\_\_\_\_  
Address 1803 N Kingshighway Date signed 4-13-40

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

*Dr. J. A. White*

**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 *me*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Al. Mayfield* 3077  
Licensed Embalmer No. *3099*  
P. O. Address.....

**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.)**

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