

No. 2  
4-12-40  
5-17-39  
PI X23159

Registration District No. 784

Primary Registration District No. 116

1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town Valley Park  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution #2 Francis 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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. #2 Francis Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7  
year 1940 hour 1:10AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from April 25, 40  
to Dec 7, 1940  
that I last saw h. er alive on Dec 7, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Heart Failure

Duration  
24 Hrs  
10 Mon  
Months

Due to Cancer of Stomach.  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations 4/6  
Of autopsy \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature G. P. Knuth MD (M. D. or other) 1  
Address Valley Park, Mo. Date signed 12-8-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME

Lillian V. Boly

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Boly

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 19 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 7 18 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Harry Pyle

13. Birthplace Delaware  
(City, town, or county) (State or foreign country)

14. Maiden name Smithan Stafferd

15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant John Boly

(b) Address #2 Francis Ave Valley Park Mo

17. (a) Burial (b) Date thereof 12/9/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Borge

(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) DEC 8 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**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.....

*Rouis H Boyz*

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

working under my personal supervision.

Signed.....

*Rouis H Boyz*

Licensed Embalmer No. *921*

P. O. Address *Kirkwood*

**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, fact should be so stated above.**