

No. 2
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FILED OCT 18 1941
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

30093

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **7432**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
5035 Lindell Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community **75 Years**
years, months or days

3. (a) PRINT FULL NAME **Sidney Emeline Boyle**

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 **Single**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **May 22 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 3 21 hr. _____ min.

9. Birthplace **New York / N. Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **Wilbur Fisk Boyle**

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

14. Maiden name **Fannie L. Brother**

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

16. (a) Informant **Roger W. Maloney**

(b) Address **1105 Olive St.**

17. (a) **Burial** (b) Date thereof **9 15 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Wagoner Und Co.**

(b) Address **3621 Olive St.**

19. (a) **SEP 15 1941** (b) **J. P. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0110**

(c) City or town **St. Louis** **12 17**
(If outside city or town limits, write "RURAL")

(d) Street No. **5035 Lindell Blvd.** **9**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **13**
year **1941** hour **12** minute **40** p. M.

21. I hereby certify that I attended the deceased from **September 25, 1941** to **Sept. 13, 1941**; that I last saw her alive on **Sept. 13, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Arteriosclerosis**

Due to **Hypertension, General Myocarditis, Chronic**

Due to _____

Duration **?**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **93**

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 **UMD**

23. Signature **Hiram P. Reight** (M. D. or other) **UMD**

Address **3720 Washington Blvd** Date signed **9/14/41**

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

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.....
..... Robert T. Sangster Registered Apprentice No. 259
working under my personal supervision.

Signed: *Neville D. Frohwitter*

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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.