

FILED OCT 7 1941

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1927

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Glenwood Sanatorium
(If only in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs. 5 mos. 2 days
(Specify whether)

In this community yes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 8
(If outside city or town limits, write "RURAL") 0

(d) Street No. 6304 Cates Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Bertie M. Boley

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
year 1941 hour 90 minute 30 A.M.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife David Boley

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

7. Birth date of deceased: September 23, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 13, 1936 to Sept. 15, 1941
that I last saw her alive on Sept. 14, 1941
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>65</u> | <u>11</u> | <u>22</u> | <u>hr. min.</u> |

Immediate cause of death Generalized peritonitis
Carcinomatous, tuberc
Primary in fundus uteri

Due to —

Due to —

9. Birthplace Clarksville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business —

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

Major findings: No operation

Of operations —

Of autopsy —

MOTHER FATHER

12. Name Sabirt F. Wescoat

13. Birthplace Vinton County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Ford

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

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? —

16. (a) Informant C. J. Wescoat

(b) Address 6304 Cates Ave.

Underline the cause to which death should be charged statistically.

PHYSICIAN —

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

(c) Place: burial or cremation Valhalla

While at work? —
(Specify type of place) (Means of injury)

18. (a) Signature of funeral director Alexander & Sons, Inc.

(b) Address 6175 Delmar Blvd.

19. (a) SEP 15 1941 (b) C. J. McFarland
(Date received local registrar) (Registrar's signature)

23. Signature Paul James Madsen
Address 1300 Grant Rd. Date signed 9-21-41

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

26000

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.....

Raymond L. Morris, Registered Apprentice No. 290
working under my personal supervision.

Signed Jos. E. McCulloch
Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.