

MO 2
1-4-41
17-39
X28390

39539/

State File No. 1

Registration District No. 78x

Primary Registration District No. 11

Registrar's No. 2561

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Moser Convalescing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week
(Specify whether
In this community 4
years, months or days)

3. (a) PRINT FULL NAME MARY BOYLE

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased June 24 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 20 If less than one day 4 hr. 4 min.

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

10. Usual occupation Retired

11. Industry or business No

12. Name Michael Boyle

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

14. Maiden name Mary Nolan

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

16. (a) Informant Margaret Black

(b) Address 1057-A Forest Ave.,

17. (a) Burial (b) Date thereof Dec 17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John P. Collins

(b) Address 908 No. Grand Blvd

19. (a) 11/1/41 (b) C. H. McHarvey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) ~~County~~ St. Louis MO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1057-A Forest Ave.,
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 1941
year 1941 hour 2 am minute M.

21. I hereby certify that I attended the deceased from Dec 7 1941 to Dec 15 1941
that I last saw him alive on Dec 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to 8301

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

Major findings:
Of operations
Of autopsy

Duration
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 TJK (M. D. or other)

Address 4503 W. Ashburn Date signed 12/14/41

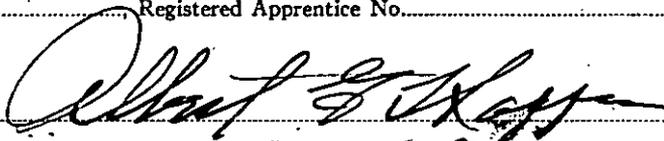
STATEMENT BY LICENSED EMBALMER

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

.....
working under my personal supervision.

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

Signed.....



Licensed Embalmer No. 2951.....

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, fact should be so stated above.