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Registration District No. **791**

Primary Registration District No. _____

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:
2209 Hebert Street
(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 _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2209 Hebert Street**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If: yes name country _____

3. (a) PRINT FULL NAME **John J. Boyle**

3. (b) If veteran, name war **none**
3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Julia Boyle**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 24 1867**
(Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **17**
If less than one day hr. min.

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

10. Usual occupation **None**

11. Industry or business _____

12. Name **William Boyle**

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

14. Maiden name **Mary McGuire**

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

16. (a) Informant **John Casey**

(b) Address **4775 Terrace, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **12-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister & Co.**

(b) Address **7814 S. Broadway, St. Louis, Mo.**

19. (a) **DEC 12 1941** (b) **J. F. Bredeck**
(Date received local Registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **11th**
year **1941** hour **11 00** minute _____ a. M.

21. I hereby certify that I attended the deceased from **Dec. 2, 1941** to **Dec. 11, 1941**
that I last saw him alive on **Dec. 11, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage (apoplexy)**
Duration **3 days**

Due to _____
Due to _____

Other conditions: **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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 **Anthony A. Dekarsky** (M. D. or other) **MD**
Address **1525 d Cass Ave** Date signed **12/11/41**

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

Pikowski

1376 & Case

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.....

Richard G. Hoffmeister Registered Apprentice No. 291
working under my personal supervision.

Signed.....

Edwin H. Leebing
Licensed Embalmer No. 4049

P. O. Address 464 Chippewa

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.