

Registration District No. \_\_\_\_\_

Primary Registration District No. 117

Registrar's No. 1750

081240

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
330 WEST LOCKWOOD  
(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 WEBSTER GROVES  
(If outside city or town limits, write "RURAL")  
(d) Street No. 830 W LOCKWOOD AVE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

MARY MOAKLEY BOYCE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife DANIEL E. BOYCE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased AUGUST 19 - 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 11 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation TEACHER

11. Industry or business CHICAGO PUBLIC SCHOOLS

12. Name THOMAS HEYSON MOAKLEY  
13. Birthplace CHICAGO ILLINOIS  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY SKEYES GILLMAN  
15. Birthplace UNKNOWN IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith B. Patterson

(b) Address 330 W. Lockwood, Webster Groves

17. (a) REMOVAL (b) Date thereof AUG. 20 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRACELAND CEM CHICAGO-ILL

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO

19. (a) AUG 19 1942 (b) [Signature]  
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16<sup>th</sup> day Aug  
year 1942 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 1  
\_\_\_\_\_, 1942 to Aug 16, 1942  
that I last saw him alive on Aug 9, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
Due to myocardial

Other conditions (Include pregnancy within 5 months of death) 93d

Major findings: operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_

Address 1918 9th St Date signed \_\_\_\_\_

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

MOTHER FATHER

107

MAY 12 1950

**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.....

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

working under my personal supervision.

Signed

*W. C. Aldrich*

Licensed Embalmer No. *1382*

P. O. Address - *Webster Graves*

**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.**