

FILED JUN 14 1943 311
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital # 1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... About 22 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1515a So 13th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Patrick J. Boland

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

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

6. (b) Name of husband or wife Bee Boland 6. (c) Age of husband or wife if alive. 75 years

7. Birth date of deceased 3 3 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 29 hr. min.

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

10. Usual occupation Elevator Operater

11. Industry or business

MOTHER FATHER { 12. Name Patrick Boland

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

{ 14. Maiden name Bridgett O. Donnell

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

16. (a) Informant Bee Boland

(b) Address 1515 So 13th St.

17. (a) Burial (b) Date thereof 6 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cadaver Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St Louis Ave.

19. (a) JUN 4 1943 (b) J. F. Bourne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2
year 43 hour 1 minute 30 p. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis
Aneurysm

Due to.....
Due to..... 97

Other conditions.....
(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) (c) Means of injury.....

23. Signature Alfred Perry (M. D. or other).....
Address Capitol Center Date signed 6/4/43

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 Maple R. Cashion
Licensed Embalmer No. 3949
P. O. Address St. Louis Mo

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.