

LED AUG 30 1943 8

Registration District No.

Primary Registration District No.

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

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:  
3517 Bingham Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 years  
years, months or days

3. (a) PRINT FULL NAME EMMA BOYNE

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

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

6. (b) Name of husband or wife William H. Boyne 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 9th, 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months - Days 10 If less than one day hr. min.

9. Birthplace Cairo Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fred Hofheinz  
13. Birthplace Centralia, Illinois /  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie  
15. Birthplace Cairo Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William H. Boyne

(b) Address 3517 Bingham

17. (a) Burial (b) Date thereof Aug. 23, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Reiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) AUG 21 1943 (b) J.F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 17  
(c) City or town ST. LOUIS, Mo. 915  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3517 BINGHAM  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 19  
year 1943 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from June 1939 to Aug 1943;  
that I last saw her alive on June 14, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 yrs

Due to Coronary Artery Disease  
Chronic Myocarditis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of 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 Dugh Haynie (M. D. or other) 0  
Address 3720 W. Washington Ave Date signed 8/19/43

**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

*Matthew M<sup>c</sup> Cahan*

Registered Apprentice No.

*352*

working under my personal supervision.

Signed

*Gudak*

Licensed Embalmer No.

*3737*

P. O. Address

*1936 St. Louis*

**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.**