

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **8088**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 days
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Ladue
(If outside city or town limits, write "RURAL")
 (d) Street No. 201 So. Warson Road
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY BOYLE CLAGGETT.

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

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

6. (b) Name of husband or wife Charles E. Claggett 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased July 14, 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 1 27 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Richard Boyle

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pabin Blair

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Claggett

(b) Address 201 So. Warson Road

17. (a) Burial (b) Date thereof 9/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address #7233 Delmar Blvd.

19. (a) SEP 10 1943 (b) J. Theodore
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't, day 10th,
 year 1943, hour 3:50 ~~PM~~ AM

21. I hereby certify that I attended the deceased from Sept 21
21 1943 to Sept 10 1943;
 that I last saw her alive on Sept 9 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Embryoma rt side chest
resistant rib
 Due to acute upper resp. inf. c
interlobar pleurisy - 4 weeks
 Due to _____

Other conditions Diabetes mellitus 10 years
(Include pregnancy within 3 months of death)

Major findings: thickened pleura
c pna
 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 Walter Fisher (M. D. or other)
 Address 3720 Washington Date signed Sept 10

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

MOTHER FATHER

Dr Walter Fischel.
3720 Washington Bl'vd.,
JE: 8498.
2-4 p.m.

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.