

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JAN 5 1945
Registration District No. **318**

Primary Registration District No. **196**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 yrs 10 mos 12 ds.
(Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. City Sanitarium School
(If rural, write name of farm, etc.)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME CATHERINE BOYLE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th year 1944 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 1936, to Dec 28, 1944, that I last saw her alive on Dec 28, 1944, and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased January 27 1909
(Month) (Day) (Year)

Immediate cause of death

Chronic Myocarditis 6 yrs Duration

Post-Poliomyelitis 20 yrs.

Due to -----

Due to -----

Other conditions 821
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

35 11 1 ----- hr. ----- min.

9. Birthplace not known Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business -----

12. Name W.P. Boyle

13. Birthplace not known Missouri
(City, town, or county) (State or foreign country)

14. Maiden name not known Elizabeth Huebner

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

16. (a) Informant Thelma A. Dingler

(b) Address 5400 Arsenal St

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 12-30-44
(Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peber & Paul

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 29 1944
(Date received local registrar)

PHYSICIAN

Major findings: -----

Of operations -----

Leg of autopsy no

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? 1 (Specify type of place) (e) Means of injury -----

Signature Anthony K. Kisicki (M. D. or other)

Address 5400 Arsenal St Date signed 12/28/44

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address. *3840 Hindell*

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.