

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11000
Registrar's No. 3785

318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution Masonic Home of Missouri
(d) Length of stay: In hospital or institution 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 5351 Delmar Blvd.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Mary Boyle Calvert
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
23. DATE OF DEATH: Month April day 26
year 1945 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan. 10, 1933 to April 26, 1945
that I last saw her alive on April 26, 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Thomas Wm. (c) Age of husband or wife if alive years
7. Birth date of deceased April 12, 1860

Immediate cause of death
Coronary Thrombosis 5 days
Hypertension 2 yrs.

8. AGE: Years Months Days If less than one day
85 0 14 hr. min.
9. Birthplace Dublin, Ireland (State or foreign country)

Other conditions
Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

10. Usual occupation Retired
11. Industry or business
12. Name James Boyle
13. Birthplace Dublin, Ireland (State or foreign country)

14. Maiden name Margaret McCann
15. Birthplace Dublin, Ireland (State or foreign country)
16. (a) Informant Clara Rothe
(b) Address 5351 Delmar Blvd.
17. (a) Burial (b) Date thereof 4-28-1945
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Alexander T Sons
(b) Address 6175 Delmar
19. (a) APR 28 1945 J. J. Breckard (Registrar's signature)

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?
(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 Metro.opolitan 1314 signed 4-26-45
Address

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

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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 *Thomas R. Lemwik*
Licensed Embalmer No. *3793*
P. O. Address *Howe 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.