

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

2265

DEPARTMENT OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 10 1947

Registrar's No. 930

Registration District No. 318 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,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5447 Alabama Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Gas  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5447 Alabama Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John F. Boland  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 28  
year 47 hour 12 minute 05 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary A. Boland  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased July 31 1864  
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day  
82 5 28 28 hr. min.

Immediate cause of death.....  
Due to Coronary Thrombosis  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
Major findings:  
Of operations.....  
Of autopsy.....

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Mail Clerk  
11. Industry or business Retired 15 yrs.  
12. Name Morgan Boland  
13. Birthplace Greenville, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan McDowell  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

PHYSICIAN  
-Underline the cause to which death should be charged statistically.

16. (a) Informant Rev. Joseph B. Boland  
(b) Address 5447 Alabama Ave.  
17. (a) Burial (b) Date thereof Jan. 29, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Gebken-Benz Mortuary  
(b) Address 2842 Meramec St.  
19. (a) JAN 28 1947 (b) J. F. Bredsch  
(Date received local registrar) (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?..... (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 Patricia E. Key (M.D. or other) 3  
Address Reg. Co. Date signed 1/28/47

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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.....

*Joe D. Benz*  
Licensed Embalmer No. *249*

2842 Meramec St.  
P. O. Address..... St. Louis, 18, Missouri.

**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.**