No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3366

FILED FEB 9 1948

Registration District No. 3487

Primary Registration District No. 3069

Registrar's No. 286

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County OR

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4119 Cleveland Ave. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME ANDREW J. BOLAND

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male C

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Eileen

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Apr. (Month) 3 (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	9	26	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Printing

11. Industry or business Corley Printing Co.

FATHER
12. Name Patrick J. Boland 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Marcella Dockery
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Eileen Boland

(b) Address 4119 Cleveland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 1-31-48 (Date received local registrar) (b) Paula J. Shaw MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1948 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from JAN 25, 1948, to JAN 29, 1948; that I last saw him alive on JAN 28, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL APOPLEXY	5 days
Due to HYPERTENSIVE HEART DISEASE	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 8

23. Signature John T. Vandover (M. D. or other) MD

Address 504 So. Grand Date signed 1/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1948

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 Edwin N. McDermott

Licensed Embalmer No. 3024

P. O. Address .....

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.