

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. 1003

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

27528
State File No. 7152
Registrar's No.

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:
1505a Tower Grove Ave.
(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

3. (a) PRINT FULL NAME CLARA BELL BOLEY

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward F. 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Aug. 23 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 11 20 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Taylor
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Julie
15. Birthplace Creve Couer Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edward F. Boley
(b) Address 1505a Tower Grove Ave.

17. (a) Burial (b) Date thereof 8-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Monica Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 S. Kingshighway Bl.

19. (a) AUG 14 1948 (b) J. F. Breduck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1505a Tower Grove Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13
year 1948 hour 10:00 minute _____ P. M.

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.

Immediate cause of death Pulmonary Congestion
Neurogenic Heart Disease
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature Edward F. Boley (M. D. or other) _____
Address _____ Date signed 8/14/48

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

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

Richard W. Stoverane

Licensed Embalmer No. *4007*

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.