

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 20 1948

Registrar's No. 7852

Registration District No. 318

Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City 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)

3. (a) PRINT FULL NAME William Edwin Boyne
 3. (b) If veteran, name war None
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Boyne
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 2, 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 1
If less than one day hr. min.

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

10. Usual occupation Auditor

11. Industry or business Am. Car & Foundary Co.

12. Name William Boyne

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

14. Maiden name Anna Ruth
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mabel Boyne

(b) Address 3977 Dover Pl.

17. (a) Burial (b) Date thereof 9-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director _____
 (b) Address 6322 S. Grand Blvd.

19. (a) SEP 7 1948 (b) J. F. Brueck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3977 Dover Place
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 3rd
 year 1948 hour 3:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage Duration _____
following rupture of spleen when the
automobile in which he was riding and
being driven by one Roland Breach, was
struck by two empty box-cars at Dorcous
& Broadway, 12:00 o'clock Noon Sept.
3, 1948, which had jumped a block
and gotten away from Dale Stafford
and Ray Hartman, who had been instructed
by Conrad Fries to move them with
Other conditions _____
(Include pregnancy within 48 hours of death)
Gaylor Container Corporation,

Major findings: _____
 Of operations _____
 Of autopsy _____
 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) Accident
 (b) Date of occurrence September 3, 1948
 (c) Where did injury occur? St. Louis
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? see above (e) Means of injury see above
 Signature C. Taylor
 Address 1300 Cent

S

Coroner's office

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

J. W. Binkley

Licensed Embalmer No.

3653

P. O. Address

St Louis 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.