

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44727**
Registrar's No. **11917**

FILED JAN 26 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 12 Days		d. STREET ADDRESS (If rural, give location) 5760 Astra Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) W.	
		c. (Last) Boland	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7, 1891
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 2 Days 18	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchmann		10b. KIND OF BUSINESS OR INDUSTRY End. Johnson.	11. BIRTHPLACE (State or foreign country) St. Louis, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James Boland		13b. MOTHER'S MAIDEN NAME Mary Hogan.	
14. NAME OF HUSBAND OR WIFE Lillian Boland.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War # I		16. SOCIAL SECURITY NO. 497-03-4725	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Boland 5760 Astra Ave			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 12 days	
ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)		DUE TO (b) Hypertensive Cardiovascular Dis.	
		DUE TO (c) Broncho-pneumonia	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from 12/12 , 19 52 , to 12/25 , 19 52 , that I last saw the deceased alive on 12/24 , 19 52 , and that death occurred at 3:52 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Harold C. Sellew		23b. ADDRESS 5626 W. Florissant	
23c. DATE SIGNED 12/26/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 29, 1952	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, MO	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 27 1952 J. Earl Smith, Md.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz-Koeller 5967 W. Florissant Ave	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William G. Kuchkotz

Licensed Embalmer No. 2110

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.