

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20111

State File No. ....

FILED MAY 28 1953

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>571</u>		Registrar's No. <u>1254</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4761 Jefferson Ave</u> <u>Valley Park</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis Co. Hospital</u>				d. STREET ADDRESS <u>Valley Park</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dave</u>			b. (Middle) <u>W</u>		c. (Last) <u>Boly</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>I</u> <u>1953</u>
5. SEX <u>W M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED <u>Never Married</u>		8. DATE OF BIRTH <u>I - 6 - 1887</u>		9. AGE (in years last birthday) # UNDER 1 YEAR # UNDER 1 MONTH # UNDER 1 DAY <u>66</u> <u>3</u> <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hooper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wood Roffing Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Micheal Boly</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza Waldrip</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>World War I</u>		16. SOCIAL SECURITY NO. <u>494-09-7346</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anne Rogers</u> <u>26 Inez Valley Park</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>7955</u>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert R. Domka</u> Herbert R. Domka, M.D., Local Registrar				23b. ADDRESS <u>651 S. Brentwood Blvd.</u>		23c. DATE SIGNED <u>5-13-53</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>5-4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood</u> <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-4-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domka - M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Bopp</u> <u>Kirkwood Mo.</u>		

**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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Herbwood 2270

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.