

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35161

State File No.

318

1003

8482

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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 township) OR TOWN **St. Louis,** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis,** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **5447 Alabama Ave.,**
e. STREET ADDRESS (If rural, give location) **15 5447 Alabama Ave.,** 215%

3. NAME OF DECEASED (Type or Print)
a. (First) **Mary** b. (Middle) **A.** c. (Last) **Boland,** 4. DATE OF DEATH (Month) (Day) (Year) **September 15, 1954**

5. SEX **Female,** 6. COLOR OR RACE **White,** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed,** 8. DATE OF BIRTH **August 21, 1878** 9. AGE (In years last birthday) **76** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home,** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Staten Island, New York,** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Benjamin Walker,** 13b. MOTHER'S MAIDEN NAME **Elizabeth MacGinnigle** 14. NAME OF HUSBAND OR WIFE **John F. Boland (deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Rev. Joseph B. Boland, Cuba, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Obtuse Myocardial Infarction**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) **Edema of lungs**
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) _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **Sept 14, 1954** to **Sept 19, 1954**, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John Boland** 23b. ADDRESS **2001 N. Grand** 23c. DATE SIGNED **9/16/54**

24a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9/17/54** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery,** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri,**

DATE REC'D BY-LOCAL REG. **SEP 16 1954** REGISTRAR'S SIGNATURE **Charles Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.**

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joe S. Benz
Licensed Embalmer No. 424
2842 Meramec
P. O. Address St. Louis,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.