

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35272

State File No. \_\_\_\_\_  
8764

BIRTH NO. 79549-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, 1st</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0710 5760 Astra.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u> b. (Middle) c. (Last) <u>Boland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 22, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	8. DATE OF BIRTH <u>9/22/56</u>
9. AGE (in years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Boland, Mr. James</u>	13b. MOTHER'S MAIDEN NAME <u>Matie Mrs. Hilde</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. James Boland 5760 Astra Ave.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEICAL CERTIFICATION</u>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Atelectasis, bilat.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>10'</u>
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Cesarean Section</u> DUE TO (c) <u>Primipara Breech Dystocia</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION <u>9/22/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Disproportion, maternal</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 9/22, 1956, to 9/22, 1956, that I last saw the deceased alive on 9/22, 1956, and that death occurred at 7:45 pm from the causes and on the date stated above.

23a. SIGNATURE <u>Roy V. Boediker M.D.</u>	23b. ADDRESS <u>100 N. Euclid</u>	23c. DATE SIGNED <u>9/23/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-24-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>

DATE REC'D BY LOCAL REG. <u>SEP 24 1956</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</u>
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WRITE PLAINLY—USING UNEADING 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.

**NOT EMBALMED**

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4202

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.**