

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022717

STATE FILE NUMBER  
REGISTRATION DISTRICT NO. 2  
PRIMARY REGISTRATION DISTRICT NO. 5469

FILED JUN 18 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillipa Hosp.		Length of stay in 1b. 1-day	d. STREET ADDRESS (If outside, give location) 3559 Lindell Blvd. Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Francis Patrick Boyle			4. DATE OF DEATH Month Day Year June 7, 1959		
5. SEX M. <input checked="" type="checkbox"/> F. <input type="checkbox"/>	6. COLOR OR RACE W. <input checked="" type="checkbox"/> O. <input type="checkbox"/>	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1906	9. AGE (In years or birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Railway Express Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME William P. Boyle		13b. MOTHER'S MAIDEN NAME Elizabeth Huebler		14. NAME OF HUSBAND OR WIFE Mrs. Florence Boyle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 715-03-3881		17. INFORMANT Address Mrs. Florence Boyle, 3559 Lindell Blvd.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cor Pulmonale			
DUE TO (c) Pulmonary Fibrosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hard Pulmonary Tar. Inactive Recently			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 002x		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-16-54 to 6-6-59 and last saw him alive on 5-26-59 Death occurred at 11:45 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Albert Kaplan M.D.			22b. ADDRESS 607 N. Tranel		22c. DATE SIGNED 6-8-59

23a. BURIAL, CREMATION, REBURY (Specify)		23b. DATE June 10, 1959		23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
--	--	----------------------------	--	--	--	--	--

24. FUNERAL DIRECTOR Arthur J. Dowdell		ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. JUN 8 '59		26. REGISTRAR'S SIGNATURE Neal Smith M.D. M.P.S.	
---	--	-------------------------------	--	---	--	---	--

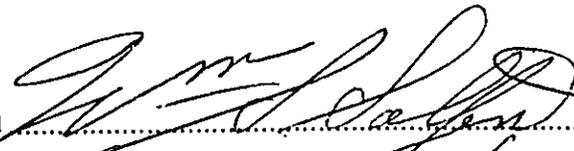
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Cause of Death from 18

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 .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4699 .....

P. O. Address 3840 .....

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.