

MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17780
Registrar's No. 4364

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4364	
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, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital				d. STREET ADDRESS (If rural, give location) 7343 Virginia Ave.			
3. NAME OF DECEASED (Type or Print) James Boulch		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH May 8, 1952		(Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1875		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Work		10b. KIND OF BUSINESS OR INDUSTRY Brewery Assembly		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ? Boulch		13b. MOTHER'S MAIDEN NAME Mary ?		14. NAME OF HUSBAND OR WIFE Stella Boulch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stella Boulch, 7343 Virginia Ave.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma transverse colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 20. OTHER SIGNIFICANT CONDITIONS Carcinoma of colon eroded into stomach Conditions contributing to the death but not related to the disease or condition causing death. 21. DATE OF OPERATION 5-6-52 22. MAJOR FINDINGS OF OPERATION Carcinoma transverse colon - perforated into stomach, general debility, anemia				INTERVAL BETWEEN ONSET AND DEATH recent	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, restaurant, office, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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? 153X			
22. I hereby certify that I attended the deceased from April 20, 1952, to 5-8-52, 1952, that I last saw the deceased alive on 5-8-52, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.							
23a. SIGNATURE John W. Flynn M.D.		(Degree or title)		23b. ADDRESS 1716 So 3rd St St Louis Mo		23c. DATE SIGNED 5-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 12, 1952		24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEM		24d. LOCATION (City, town, or county) (State) LEMAY, MO.	
DATE REC'D BY LOCAL REG. MAY 10 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan Ave.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J.P. Flynn
1715 So. 32nd
after 5:30 P.M.

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 Emil Mund

Licensed Embalmer No. 3360

P. O. Address Lenny Me

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.