JL 27 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21810

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170
Township Central — Primary Registration District No. 6248H
City Richmond Ht Ma St. Marys Hospital St. Ward)

File No.
Registered No. 148

2. FULL NAME Martha S. Joyce
(a) Residence. No. 5722 Westminister St., Ward. St Louis Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stephens Joyce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 28-1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	4	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ----------
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Herman Burde
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) "

14. INFORMANT Stephens Joyce
(Address) 5722 Westminister Av

15. FILED 6/21, 1928 C. L. Jensen REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 6/1, 1928, to 6/19, 1928 that I last saw her alive on 6/19, 1928, and that death occurred, on the date stated above, at 9:30 A M

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 / 10.1 a
340
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Spirochaete Bronchitis
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Maurice Thompson, M. D
, 19 (Address) 308 Roosevelt Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Missouri Crematory
DATE OF BURIAL: June22 19 8

20. UNDERTAKER: Hauck & Schmitt
ADDRESS: 3732 S. Grand Blv.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Kistner
Mo Bld
4907 Rel.
D Rus