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

Do not use this space.

19628-9

File No. 19628-9

Registered No. 5234

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5827 Julian Ave. St. Ward)

Registration District No. 791

Primary Registration District No. 1005

2. FULL NAME John G. Joyce.

(a) Residence. No. 5827 Julian Ave. St., 5 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1870????????

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 59 years old.			

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

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

PARENTS

10. NAME OF FATHER John G. Joyce

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Ellen Maloney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Mary Joyce
(Address) 5827 Julian Ave.

15. FILED MAY 10 1929, 19 Mary C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9. 1929

17. I HEREBY CERTIFY, That I attended deceased from May 3 1929, to May 8 1929, that I last saw him alive on May 8 1929, and that death occurred, on the date stated above, at 5 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas (facial) 15 B
Non Traumatic 10
13 B
21 B (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Pneumonia Bronchi
Nephritis Parenchymatous (duration) yrs. mos. 4 ds. acute due to Bronchopneumonia

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF x
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis
(Signed) Henry S. Broaddus, M. D
May 9, 1929 (Address) Hotel Lafayette

*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 Calvary Cemetery — DATE OF BURIAL May 11, 1929

20. UNDERTAKER Chas. L. Geraghty — ADDRESS 4822 Easton

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD