

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

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.

JAN 24 1935

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

Do not use this space.

44523

1. PLACE OF DEATH

County..... Registration District No. 782
Township..... Primary Registration District No. 1119
City St. Louis, Mo. (No. 500 So. Kings Highway) St. St. Louis Children's Hospital (Ward) 11631

2. FULL NAME Gerald Joyce

(a) Residence, No. 586 7⁹ Chestnut St., 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

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

13. NAME Gerald Joyce

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

15. MAIDEN NAME Annice Lawrence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

17. INFORMANT (ADDRESS) W. E. Kester

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Walhall Cem. Dec. 8, 1934

19. UNDERTAKER (ADDRESS) W. W. Clook

20. FILED 150 - 7 1934 J. F. Brudick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1934, to Dec 6, 1934

I last saw him alive on Dec 6, 1934. Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar
JES

Date of onset 11/19/34

Other contributory causes of importance:
JES

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) W. E. Kester M. D.
(Address) 500 So. Kings Highway

THE UNIVERSITY OF CHICAGO

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