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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.

DEC 16 1935

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

Do not use this space.

791 41281

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 10497

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. City Hosp. St. ..... Ward)

2. FULL NAME Michael David Joyce

(a) Residence, No. 7000 Waterman St. Ward NR U. City 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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1868

7. AGE YEARS 67 MONTHS 2 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

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OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C W & F Coal Co.

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) Ireland

FATHER

13. NAME Michael Joyce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary McCarthy

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

17. INFORMANT (ADDRESS) Melvin L. Joyce 4233 Lenox Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 13 1935

19. UNDERTAKER (ADDRESS) Larry Mullen & Co 5165 Delmar Blvd.

20. FILED DEC 12 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:15 A.M.

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

Chronic Myocarditis, Arterio Sclerosis, Acute Gastritis.

Date of onset

Other contributory causes of importance: 93

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Harold Pelury, M. D.

(Address) Diptor