

NOV 16 1938

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

34134
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **9120**
 (c) City (d) Street No. **DePaul Hosp.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Margaret A. Joyce,**

(a) Residence, No. **3618 Cook Ave.** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7/4/1872**

7. AGE YEARS **66** MONTHS **3** DAYS **14** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home.**
 9. Industry or business in which work was done, as 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.**

FATHER 13. NAME **Patrick Gill**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
Louisiana

MOTHER 15. MAIDEN NAME **Catherine Heatty**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

17. INFORMANT **Mrs. Wm. Carroll**
 (ADDRESS) **4215 Obear Ave.**

18. BURIAL, CREMATION, OR REMOVAL **21**
 PLACE **Calvary** DATE **10/22/38**

19. FUNERAL DIRECTOR (NAME) **W. A. Stock Und. Co**
 (ADDRESS) **2117 E. Grand Blvd.**

20. FILED **OCT 20 1938** **St. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 18, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 17, 1938** to **Oct. 18, 1938**

I last saw her alive on **Oct. 18, 1938** Death is said to have occurred on the date stated above, at **10:00 A.M.**

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

Ruptured arteriosclerotic aneurysm of right internal carotid artery Date of onset

Other contributory causes of importance: **16**

Name of operation **clinical & laboratory** Date of
 What test confirmed diagnosis? **yes** 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? **no**
 If so, specify **Henry C. Westerman** M. D.
 (Signed) **Henry C. Westerman**
 (Address) **2136 East Grand Blvd.**

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.

OCT 28 1947

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

Registered Apprentice No....., working under my personal supervision.

Signed

Harold Rowland

Licensed Embalmer No.

3114

P. O. Address

Thomas M.

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, above space should be left blank.