

EC 20 1938

DEC'D JAN 6 1939

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

44522
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS 2 Registration District No. 784
 (b) Township JEFFERSON 1 Primary Registration District No. 717
 (c) City WEBSTER GROVE (d) Street No. 502 SUNNYSIDE AVE 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 31 yrs. — mos. — ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME G. RIZELLA P. JOY

(a) Residence, No. 502 SUNNYSIDE AVE St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Parsons Joy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 - 1850

7. AGE YEARS 88 MONTHS — DAYS 7 If LESS than 1 day, hrs. or min.

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) Burlington (STATE OR COUNTRY) Iowa

FATHER

13. NAME George Crawford

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) —

MOTHER

15. MAIDEN NAME Mary Parks

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

17. INFORMANT Elizabeth Joy Hoffman (ADDRESS) 502 Sunnyside Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Iowa DATE Dec 21 1938

19. FUNERAL DIRECTOR Parker Lumber Co (ADDRESS) Webster Groves Mo

20. FILED DEC 20 1938 J. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from Sept 20 1938 to Dec 18 1938

I last saw her alive on Dec 17 1938 Death is said to have occurred on the date stated above, at m.

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

Acute Coronary Dilatation Date of onset 1811

Other contributory causes of importance: Emphysema Salt Bladder

Name of operation Drainage Salt Bladder Date of 10/27/38

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? X If so, specify Utterally, M. D. (Signed) Webster Groves Mo (Address) —

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.

X12004

STATEMENT BY LICENSED EMBALMER

I, C. C. Aldrich, Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed C. C. Aldrich

Licensed Embalmer No. 1332

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.)