

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.

REC'D JUL 12 1939

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

20421  
Do not use this space.

791  
1003

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City.....  
(e) Length of residence in city or town where death occurred yrs. mos. da.

Registration District No.....  
Primary Registration District No.....  
(d) Street No. 2530 MONTGOMERY ST

Registered No. 5265

(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME SARAH JOYCE

(a) Residence, No. 2530 MONTGOMERY ST St. 20  
(Usual place of abode, if no street address, write county or city)

(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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 18, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 5 21

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWORK  
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 JOSEPH HUNT

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

MOTHER  
15. MAIDEN NAME UNKNOWN

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

17. INFORMANT ALICE GRAHAM  
(ADDRESS) 2530 MONTGOMERY ST

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE JUNE 13, 1939

19. FUNERAL DIRECTOR (NAME) Goehart & Goehart  
(ADDRESS) 2228 St. Louis Ave

20. FILED JUN 12 1939 J. F. Bredel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1939

22. I HEREBY CERTIFY That I attended deceased from May 1, 1939, to June 9, 1939

I last saw him alive on June 9, 1939. Death is said to have occurred on the date stated above, at 9 P. M.

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

Ch. myocarditis  
Arteriosclerosis  
Date of onset

Other contributory causes of importance:

Name of operation None Date of  
What test confirmed diagnosis? None 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  
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) A. N. Duving, M. D.  
(Address) 2342 St. Louis

**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.....  
*Charles J. Goodhart*....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Charles J. Goodhart*

Licensed Embalmer No. *3777*

P. O. Address *St. Louis Mo*

**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.**