JUN 8 - 1939

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

23318
Do not use this space.

96

1. PLACE OF DEATH
(a) County Saint Louis
(b) Township Carondelet
or
(c) City ~~Jefferson Barracks~~
Registration District No. 784
Primary Registration District No. 200
Registered No. 1033
(d) Street No. Veterans Adm. Facility 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 Unkn. yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Mayo
(a) Residence, No. 1523 North 17th Street St. Saint Louis, Missouri.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Florence Mayo
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 1, 1896
7. AGE: Years 43; Months 5; Days 4; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Bartender
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): Italy

FATHER
13. NAME: Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): Clinical Clerk VAF Jefferson Barracks, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE June 9, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): C. Hoffmeister U. & L. Co. 7814 S. Broadway, St. Louis, Mo.
20. FILED JUN 8 - 1939 19 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939 to June 5, 1939
I last saw him alive on June 5, 1939 Death is said to have occurred on the date stated above, at 11:40 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Unkn.
Other contributory causes of importance:	
Coronary sclerosis.	Unkn.
Chronic Myocarditis.	Unkn.

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Name of operation None Date of
What test confirmed diagnosis? Phy. Clinical manif. and lab. Was there an autopsy? NO

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 [signature]
(Signed) C. W. HUGHES, Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.