

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41418
Registrar's No. 10541

Registration District No. 201

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1003 2
(b) City or town St. Louis
(c) Name of hospital or institution: 516 Wilmington ave.
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution. 19 yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Clarence Roy Joyce 200

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 12 1911
(Month) (Day) (Year)

8. AGE: Years 28 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Belle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Pharmacist

11. Industry or business Drug Store

12. Name John E. Joyce

13. Birthplace Belle Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza J. McMan

15. Birthplace Belle Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Joyce

(b) Address 516 Wilmington ave.

17. (a) Burial (b) Date thereof Dec. 12, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director C. Hoffmeister Wills

(b) Address 7814 S. Broadway

19. (a) Dec. 9, 1939 (b) J. P. Ballek
(Date received from registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 516 Wilmington ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1939 hour 12 minute Noon P.M.

21. I hereby certify that I attended the deceased from Nov. 24th '39
_____ 19, to Dec 8th '39 19.
that I last saw him alive on Dec 8th 19.
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 14 days

Due to Chr. Glomerular Nephritis 4 years!

Other conditions 1/2/3/1
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(1) Means of injury _____

23. Signature William F. McLawrence or other _____
Address 5923 Virginia Date signed 12/9/39

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.