No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36842

Registrar's No. 9072

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4406 McPherson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3139 Halliday Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clarence L. Joslyn

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Inez S. Joslyn

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 10 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	7	4	hr. min.

9. Birthplace Port Huron (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Retired

11. Industry or business Insurance Agent

FATHER
12. Name Otis Joslyn
13. Birthplace (City, town, or county) N. Hampshire (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Libby
15. Birthplace Saco (City, town, or county) Maine (State or foreign country)

16. (a) Informant Mrs. C. L. Joslyn
(b) Address 3139 Halliday Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Malden, Mo.

18. (a) Signature of funeral director Fred M. Williams
(b) Address 4535 Washington Ave.

19. (a) NOV 15 1941 (Date received local registrar) (b) J. F. Beedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1941 hour 12 30 PM minute M.

21. I hereby certify that I attended the deceased from Sept. 1939 to Nov. 1941;
that I last saw him alive on Nov. 14 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
1) Pulmonary Hypertension
2) Myocardial Failure

Due to Chronic Condition
Myocarditis

Due to

Other conditions 93 d
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93 c

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature H. L. Joslyn (M. D. or other)
Address 4406 McPherson Date signed 11-15-41

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.