

FILED AUG 20 1942
781

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

25957
State File No.
Registrar's No. 6749

Registration District No. 1

Primary Registration District No.

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: Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3218 Walter Av.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Sarah Joyce

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Thomas Joyce 6. (c) Age of husband or wife if alive, deceased deceased years
7. Birth date of deceased April 29th, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Litchfield Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Bernard McShaneran
13. Birthplace 3218 Walter Av. Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Julia Galvin
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Gaughran
(b) Address 3218 Walter Av.

17. (a) Burial (b) Date thereof Aug. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cem. - Kirk.

18. (a) Signature of funeral director M. J. Gaughran
(b) Address 146 Manchester

19. (a) AUG 11 1942 J. F. Bredeck
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1942 hour 5:30 minute P.M.
21. I hereby certify that I attended the deceased from July 19, 1942 to Aug 9, 1942
that I last saw Aug 9 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Coronary Vascular Disease
Due to MI
Due to MI
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

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

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Anthony G. Prebuck (M. D. or other) 4/11/42
Address 1525 a Cass Ave Date signed 8/11/42

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

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.....

Albert S. Hoppe

Licensed Embalmer No. *29711*

P. O. Address *Winton & Washington*

St. James, 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, fact should be so stated above.