V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12040

Registrar's No. 4175

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:
3341 ~~Benedict ave.~~ Bendick /
(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:

(a) State Missouri (b) County 13

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

(d) Street No. 3341 ~~Benedict ave.~~ Bendick
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Joseph Corbett Dayball

3. (b) If veteran, name war None

3. (c) Social Security No. 489-07-5324

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Irene

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased December (Month) 11 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	4	21	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Joseph Dayball
13. Birthplace (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Elizabeth Joplin
15. Birthplace (City, town, or county) England (State or foreign country) 4

16. (a) Informant Irene Dayball
(b) Address 3341 ~~Benedict ave.~~ Bendick

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemettery

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) MAY 4 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1943 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 3 1943, 1943 to May 2, 1943; that I last saw him alive on May 2 1943, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 1

Due to Tuberculosis 1

Due to 13

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 P. B. Cappelmo (M. D. or other)

Address 3284 Ivanhoe Date signed 5-3-43

(Licensed Embalmer's Statement on Reverse Side)

Dr.Cappell 3284 Ivanhoe a ve.

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 .....

Louis C. Hoffmeister, Registered Apprentice No. .....,

working under my personal supervision.

Signed Louis 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, fact should be so stated above.