

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1943

State File No. 40062

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11369

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:
FIRMIN DESLOGE
(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

3. (a) PRINT FULL NAME MICHAEL T. JOYCE

3. (b) If veteran, name war NO 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NAN JOYCE 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased APRIL 6 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FIREMAN CITY

MOTHER FATHER
11. Industry or business _____
12. Name JOHN JOYCE
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name MARY LOFTUS
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nan Joyce
(b) Address 3517 Caroline St

17. (a) BURIAL (b) Date thereof DEC 20 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Ave.

19. (a) DEC 19 1943 (b) J. J. [Signature]
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town ST. LOUIS 17 18
(If outside city or town limits, write "RURAL") 9 18
(d) Street No. 3517 CAROLINE ST.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1943 hour 12 minute 50 AM.

21. I hereby certify that I attended the deceased from Dec 9
1943 to Dec 17 1943
that I last saw him alive on Dec 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Carcinoma of caecum

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations Above
Of autopsy _____

Duration 3 days
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? _____

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

23. Signature Thomas W. Martin (M. D. or other) _____
Address 634 No Grand Date signed 12/10

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..... *James B. Vollmer*.....
Licensed Embalmer No. *4014*.....
P. O. Address *St Louis 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.