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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42440

FILED JAN 5 1946

Registration District No. 27

Primary Registration District No. 3069

Registrar's No. 2966

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7211 Elmoro 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:

(a) State Missouri (b) County St. Louis 96

(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No. 7211 Elmoro Ave. 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Michael F. Joyce

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 Widower

6. (b) Name of husband or wife Charlotte Joyce

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

7. Birth date of deceased August (Month) 15 (Day) 1852 (Year)

8. AGE:

Years	Months	Days	If less than one day
93	4	14	..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

10. Usual occupation Contractor

11. Industry or business Plastering

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Nellie Gerhard,
(b) Address 7211 Elmoro Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12- 31-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) 12-29-45 (Date received local registrar) (b) E. M. Gunn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1945 hour 3 minute 3 a.M.

21. I hereby certify that I attended the deceased from Sept. 15 1945 to Dec - 29 1945
that I last saw him alive on Dec 27/45 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2 wk.
Due to Nephritis (Chronic)	3 yr
Due to 1316	

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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 C. W. Tremain (M. D. or other)
Address 3532 Washington Date signed 12/29/45

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1947

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 Fred Frick

Licensed Embalmer No. 3186

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.