

FILED APR 1 1946

STANDARD CERTIFICATE OF DEATH

State File No. 2

Registration District No. 317

Primary Registration District No. 3670

Registrar's No. 737

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town WEBSTER GROVES 19
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
515 SUMMITT AVE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community SEVERAL YEARS (LIFE.) (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96
(c) City or town Campden Mo Webster Groves 1947
(If outside city or town limits, write "RURAL")
(d) Street No. 515 Summitt Ave 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME EDWARD JOY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month MARCH day 26
year 1946 hour 4 minute - P.M.
21. I hereby certify that I attended the deceased from
1/24, 1946, to 3/26, 1946
that I last saw him alive on 2/18, 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased: 3 (Month) 15 (Day) 1880 (Year)

Immediate cause of death Coronary Occlusion Duration 1 hr.
Due to Generalized Arterio-Sclerosis yrs.

8. AGE: Years 66 Months 0 Days 16
If less than one day _____ hr. _____ min.

Due to 9/40
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace WEBSTER GROVES Mo 1
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name JUSTIN E JOY
13. Birthplace BURLINGTON IOWA 1
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH A ANDERSON
15. Birthplace BURLINGTON IOWA 1
(City, town, or county) (State or foreign country)

16. (a) Informant Wilford P Joy
(b) Address 515 Summitt Ave N. 3. 19 Mo

17. (a) BURIAL (b) Date thereof 3 28 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem

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?

18. (a) Signature of funeral director MITTELBERG FUNERAL HOME
WEBSTER GROVES, MO.
(b) Address 3

23. Signature John King (Specify type of place) _____
While at work? _____ (e) Means of injury DM
(M. D. or other)
Address 6706 Big Bend Rd Date signed 3/26/46

19. (a) 3-29-46 (b) Ed M. Garram
(Date received local registrar) (Registrar's signature)

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

6
7
4

REG. ACT

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 John M. Meyer
Licensed Embalmer No. 3188
P. O. Address 340 W. Adams
Kirkwood, 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.