U. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19308

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4702

WRITE PLAINLY—USING 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: St. Louis Childrens Hospital (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 Washington

(c) City or town Potosi (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gladys Jo Roy

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 20 (Day) 1942 (Year)

8. AGE: Years 4 Months ~~6~~ 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Joe Roy
13. Birthplace Pine (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Juanita Nenees
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Joe Roy
(b) Address Potosi, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi, Mo.

19. (a) MAY 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1947 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to: Pt. Elegree burns of face and body when her clothing caught fire from [illegible] [illegible] at her home in Potosi Missouri on May 8, 1947 about 5:00 O'Clock P.M. [illegible] [illegible] [illegible] [illegible]

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 8, 1947

(c) Where did injury occur? Jo Roy (City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place? Home (Specify type of place)

While at work? Means of injury Elegree

23. Signature Patrick E. Taylor (M. D. or other)

Address Dep. Coroner Date signed 5/9/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Henry H. Brannon

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.