

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25690**

FILED AUG 8 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7063**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1301 North Market St. 9
26 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Harry W. Joiner

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1947 hour 7:05 minute 00 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Annie Klein Joiner

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

7. Birth date of deceased About 1870
(Month) (Day) (Year)

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

| 8. AGE | Years | Months | Days | If less than one day |
|--------------|-----------|--------|------|----------------------|
| <u>About</u> | <u>77</u> | | | hr. min. |

Immediate cause of death _____

Due to Coronary Arteriosclerosis

Due to 92

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

10. Usual occupation Unknown

Other conditions 92
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name (2) Joiner 9

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

14. Maiden name _____ 9

15. Birthplace _____ 1
(City, town, or county) (State or foreign country)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Grace Worthington

(b) Address 300 S. 14th St.

17. (a) Burial Memorial Park **(b) Date thereof** 7/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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 Street-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) 111-305 1947 **(b) Registrar's signature** J. F. Brudeck
(Date received by registrar) (Registrar's signature)

While at work? _____ **(c) Means of injury** 3

23. Signature Subramanian & Taylor **(M.D. or other)** 3

Address _____ **Date signed** 7/29/47

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

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.....

Licensed Embalmer No. *4366*

P. O. Address *Lawrence, 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.