S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43175

FILED DEC 22 1947

Registration District No. 318 — Primary Registration District No. 1603 — Registrar's No. 11202

1. PLACE OF DEATH:
(a) County
(b) City or town: St. Louis, Missouri.
(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)
In this community

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.: 2353 Albion Place 9
(If rural, give location) 23 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM JOINES.
3. (b) If veteran, name war
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: Lula Joines
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: May (Month) 2 (Day) 1874 (Year)

8. AGE: Years 73 | Months 7 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace: Evansville, (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: none
11. Industry or business

FATHER
12. Name: Milton Joines
13. Birthplace: Indiana (City, town, or county) (State or foreign country)

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

16. (a) Informant: Albert Joines
(b) Address: 2352 Albion place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 11, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cem.
18. (a) Signature of funeral director: C. Hoffmeister U & L Co.
(b) Address: 7814 S. Broadway
19. (a) DEC 10 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th year 1947 hour 11 minute 20 P. M.
21. I hereby certify that I attended the deceased from 10/17/47, 19..., to Dec. 7th, 1947; that I last saw him alive on Dec. 7th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	58 days
Due to: Arteriosclerotic Heart Disease	Not known
Due to:	
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)
(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: J. Lowry Brown, M.D. (M. D. or other)
Address: 1515 Lafayette Date signed: 12/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Harry J. Scheim actor

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.