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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38293

Registrar's No. 10143

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3516 Lawton
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Isaac Joyner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 12 (Day) 1873 (Year)

8. AGE: Years 75 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Harry Joyner.
13. Birthplace Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnes Lynch
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Agnes Rayford
(b) Address 4558 Mercury St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CEM.

18. (a) Signature of funeral director A.F. WALTON.
(b) Address 2707 STODDARD ST.

19. (a) NOV 23 (Date received local registrar) (b) J.B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1948 hour 1 minute 30 a M.

21. I hereby certify that I attended the deceased from Nov. 6, 1948, to Nov. 20, 1948
that I last saw him alive on Nov. 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease with right and left failure. & Arteriosclerotic Gangrene	Undet.
Due to	
Due to	
Other conditions Bilateral Inguinal Hernia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 11/20/48

(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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St. Ferdinand

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.