

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15183

State File No. _____

FILED MAY 11 1950

317

3063

Registrar's No. 1155

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3063		Registrar's No. 1155		
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>STL.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>1 DAY.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WELLSTON</u>		4300		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STL. COUNTY HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>6208 RIDGE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARLOS</u>		b. (Middle) <u>J.</u>		c. (Last) <u>JOYCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4 1950</u>		
5. SEX <u>M.O.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S. U</u>		8. DATE OF BIRTH <u>? - ? 1878</u>		9. AGE (In years last birthday) <u>72</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEN PRINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SEN PRINTER</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>EDW JOYCE</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-07-3472</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna E. King</u>		ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>with cardiac decompensation</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>3/8 yrs</u> <u>(1) 3 wks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced inanition</u>								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>May 3</u> , 1950, to <u>May 4</u> , 1950, that I last saw the deceased alive on <u>May 4</u> , 1950, and that death occurred at <u>2:25</u> a.m., from the causes and on the date stated above.								
23. SIGNATURE <u>Jack A. Gray, J. M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Louis County Hosp</u>		23c. DATE SIGNED <u>5-5-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>		
DATE REC'D BY LOCAL REG. <u>MAY 5 1950</u>		REGISTRAR'S SIGNATURE <u>Hubert L. Deane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell</u>		

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *Thomas R Jewrik*

Licensed Embalmer No. *3793*

P. O. Address *3840 Lindell*

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.