

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3325

State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>PIKE LAWN</u> c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PIKE LAWN</u> d. STREET ADDRESS (If rural, give location) <u>4161</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6106 Wyma Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>6106 Wyma Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>A</u> c. (Last) <u>BONE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 28, 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Sept. 29, 1875</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	11. BIRTHPLACE (State or foreign country) <u>Scott County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas R. Joyce</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Charles C.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mabel Smith 6106 Wyma Av. St. L. Co. Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Embolus</u> *ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Senile Vascular Disease 29%</u> DUE TO (c) <u>Bacterial Septicemia 67%</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>443X</u>
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) (Min.)		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>Jan 19 1951</u> to <u>Jan 28 1951</u> , that I last saw the deceased alive on <u>Jan 13 1951</u> , and that death occurred at <u>1:15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. D. Beebe M.D.</u> (Degree or title)		23b. ADDRESS <u>2505 W. Plouzat</u>	23c. DATE SIGNED <u>1-29-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MORLEY, MO</u>	24d. LOCATION (City, town, or county) (State) <u>Stikeston Missouri</u>
DATE REC'D BY LOCAL REG. <u>1/30/51</u>	REGISTRAR'S SIGNATURE <u>Robert P. Lombardi</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>LAUGHLIN FUNERAL HOME, INC. St. Louis, Mo.</u>	

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

4001

Dr. J.O. Peeler
4006 Natural Bridge
FR 0038

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 Embalmer No.

Signed.....

L R Cooper

Signed.....

Student Embalmer

Licensed Embalmer No. 3363

P. O. Address St Louis 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.