

FILED AUG 7 1951

## STANDARD CERTIFICATE OF DEATH 1003

State File No. 24823

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 6501

1. PLACE OF DEATH a. COUNTY 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2209	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL			29 STREET ADDRESS (If rural, give location) 2312 HEBERT ST.		
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) F. c. (Last) JOYCE			4. DATE OF DEATH (Month) (Day) (Year) 7/19/51		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /	8. DATE OF BIRTH 11/7/01	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCK CLERK	10b. KIND OF BUSINESS OR INDUSTRY LANDIS MACH. CO.	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM JOYCE		13b. MOTHER'S MAIDEN NAME MARY CRAIG		14. NAME OF HUSBAND OR WIFE MARGARET JOYCE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. #490-20-5126	17. INFORMANT'S SIGNATURE OR NAME MARGARET JOYCE 2312 a HEBERT ST. 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Haemorrhage Ruptured pancreatic vessel. Pancreatitis Suppurative. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 13 da
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		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)		21. HOW DID INJURY OCCUR? 587.2	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from 7-16, 1951, to 7-19, 1951, that I last saw the deceased alive on 7/19, 1951, and that death occurred at 9:47 m., from the causes and on the date stated above.			
23a. SIGNATURE J. B. Fosdy (Degree or title)		23b. ADDRESS 2305 N. Howard		23c. DATE SIGNED 7-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7/23/51	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		
DATE REC'D BY LOCAL REG. JUL 20 1951	REGISTRAR'S SIGNATURE J. B. Fosdy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 15 1961

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.....

*Ben Hoffman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4366*

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.