

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

STATE FILE NUMBER

3125

1019

Registrar's No. _____

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO.</i>		c. CITY OR TOWN <i>St Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP. #2</i>		d. STREET ADDRESS (If outside give location) <i>222 26 44 LaSalle</i>	
3. NAME OF DECEASED (Type or print) First <i>BEN</i> Middle <i>JOYCE</i> Last		4. DATE OF DEATH Month <i>JAN.</i> Day <i>26</i> Year <i>1958</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JUNE 16 1891</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) <i>Junk Dealer</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	9c. AGE (In years last birthday) <i>66</i>
10a. FATHER'S NAME <i>John Joyce</i>		10b. MOTHER'S MAIDEN NAME <i>Jennie Ferguson</i>	10c. NAME OF HUSBAND OR WIFE _____
11. BIRTHPLACE (City and state or country) <i>Columbia, Miss.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		14. SOCIAL SECURITY NO. _____	15. INFORMANT <i>John Joyce</i> Address <i>3209 Chestnut</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the esophagus -</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Communication to left main</i> DUE TO (c) <i>Bronchus</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>150X</i>			19. WAS AUTOPSY PERFORMED? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1-8-58</i> to <i>1/26/58</i> and last saw her alive on <i>1/26/58</i> Death occurred at <i>6:50 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John Allen Bunnell (M.D.)</i>		22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>	22c. DATE SIGNED <i>1/27/58</i>
23a. MANNER OF REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1-31-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Father Dickson</i>	23d. LOCATION (City, town, or county) (State) <i>St Louis Co. Mo.</i>
24. FUNERAL DIRECTOR <i>J J Watson</i> ADDRESS <i>2769 Chestnut</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 28 '58</i>	26. REGISTRAR'S SIGNATURE <i>J Carl Smith Mo</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Student Embalmer No.
working under my personal supervision.

Student

Signature of Student Embalmer

Signed

S J Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chow*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.