

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-019843  
 State File No. ....

FILED JUN 13 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5968

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis,</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3/ St. Louis State Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2/79 3867 Lafayette Ave.</b>	
3. NAME OF DECEASED a. (First) <b>JOSEPH</b> (Type or Print)		b. (Middle) <b>JOYCE</b>	c. (Last) <b>JOYCE</b>
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
8. DATE OF BIRTH <b>Sept. 3, 1890</b>		9. AGE (In years last birthday) <b>67</b>	10. IF UNDER 1 YEAR Months Days
11. BIRTHPLACE (City and State or Foreign Country) <b>Civil Engineer—Public Service Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Glen Joyce</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ellen</b>	14. NAME OF HUSBAND OR WIFE <b>Lottie Joyce (wife)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-10-7498a</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lottie Joyce 3867 Lafayette Ave.</b>
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Fibrosis diffuse</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchiectasis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>526x</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>July 15, 1957</b> , to <b>June 9, 1958</b> , that I last saw the deceased alive on <b>June 9, 1958</b> , and that death occurred at <b>12:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Richard J. Kemme, M.D.</b>		23b. ADDRESS <b>5400 Arsenal St., St. Louis, Mo.</b>	23c. DATE SIGNED <b>6-9-58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 11, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
DATE REC'D BY LOCAL HEALTH DEPT. <b>JUN 10 58</b>		REGISTRAR'S SIGNATURE <b>Pearl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshausler 4228 S. Kingshighway Bl</b>

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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 *Richard W. Stoverson*

Licensed Embalmer No. *7007*

P. O. Address.....

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.