

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11431-62-044608
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 7 1962

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ST. LOUIS
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 10035 Jeffrey Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Joyce Middle a. Last May 4. DATE OF DEATH Month 11 Day 27 Year 62

5. SEX FEMALE 6. COLOR OR RACE CAUCASIAN 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-28-29 9. AGE (last birthday) 33 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk & Housewife 10b. KIND OF BUSINESS OR INDUSTRY Berrys Store 11. BIRTHPLACE (City and state or country) Arkansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Marvin Bowman 13b. MOTHER'S MAIDEN NAME Lema Jane Derring 14. NAME OF HUSBAND OR WIFE Andrew May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Andrew May 10035 Jeffery

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) SCHERODERMA OF LUNG
DUE TO (b) DIFUSE SYSTEMIC SCLEROSIS
DUE TO (c) 345XE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 11/25/62 to 11/26/62 and last saw her alive on 11/26/62
Death occurred at 7:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Matthew A. Kery MD 22b. ADDRESS 216 S. Kingshighway St. Louis 22c. DATE SIGNED 11/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11-29-62 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS McLaughlin 2301 Lafayette Ave St. Louis 4, Mo. 25. DATE RECD. BY LOCAL REG. NOV 28 1962 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

7-07-80
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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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address H. G. Farris

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.