

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 16465
Registrar's No. 3983

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
In this community Birth
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4400 Bircher Blvd
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Ireland

3. (a) PRINT FULL NAME William Joyce

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adele Joyce 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 22, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>16</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired ball player

11. Industry or business

12. Name Unknown

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Adele Joyce

(b) Address 4400 Bircher Blvd

17. (a) Burial (b) Date thereof 5/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 12 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8,
year 1941 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from April 26, 1941 to May 8, 1941;

that I last saw him alive on May 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of Prostate & Bilateral Pyelonephritis without stones

Due to stones

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address 1515 Lafayette Ave. Date signed 5/9/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.