

OFFICE of VITAL STATISTICS
 CERTIFIED COPY
 CERTIFICATE OF DEATH
 FLORIDA

Department of Health and Rehabilitative Services
 DIVISION OF HEALTH
 BUREAU OF VITAL STATISTICS

STATE FILE NO. _____
 REGISTRAR'S NO. _____

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
JOSEPH M. MEDWICK		Male	March 21, 1975
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR (MONTHS, DAYS)	DATE OF BIRTH (MONTH, DAY, YEAR)
White	63		Nov. 24, 1911
CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT "EITHER," GIVE STREET AND NUMBER)	
St. Petersburg	Yes	Bayfront Medical Center	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
New Jersey	U.S.A.	Married	Isabelle Heutel
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
1498 07 4420	Baseball Player—Executive	Major League Baseball	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)
Missouri	St. Louis	St. Louis	Yes
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
John Medwick		Elizabeth Schultz	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
Mrs. Isabelle Medwick		9616 Geyer Dr., St. Louis, Missouri	

CONFIDENTIAL
 MEDICAL INFORMATION

CERTIFICATION—PHYSICIAN (NAME AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR)	AND (LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR)	1 DID/SHE DIED FROM THE BODY (AFTER DEATH)	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
72a. 3-20-75	72b. 3-21-75	72c. 41d	72d. 2:37 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR)
72e. Charles L. Kast, Jr., M.D.		72f. 11:25 A.M.	72g. 3/21/75
SIGNATURE (DATE SIGNED, MONTH, DAY, YEAR)		SIGNATURE (DATE SIGNED, MONTH, DAY, YEAR)	
72h. Charles L. Kast, Jr., M.D.		72i. Charles L. Kast, Jr., M.D.	
MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
72j. 666 Geyer St. St. Petersburg, Florida 33701		72k. 666 Geyer St. St. Petersburg, Florida 33701	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
74a. Removal	74b. Park Hill Cemetery	74c. St. Louis County, Missouri	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
74d. March 21, 1975	74e. Wilhelm-Thurston Funeral Home, 115-8 St. No., St. Petersburg, Fla.		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
75a. Edmund Thurston	75b. Kathleen J. Bennett	75c. 21 March 75	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Kathleen J. Bennett
 Chief Deputy Registrar, Pinellas County

issued: DEC 22 1998

BY

State Registrar

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FLORIDA DEPARTMENT OF
HEALTH

HRS FORM 1564 (10-96)