

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034164

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8311

FILED AUG 22 1963

VS 300
Rev. 4/59

1
2 2/1/63
3
4 2
5 0
6
7 0
8 1
9 X
10
11 100
12 9a-3
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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) <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Thomas Phelley</i>		d. STREET ADDRESS (if outside, give location) <i>4055 Easton</i>	
3. NAME OF DECEASED (Type or print) First <i>Nathaniel</i> Middle <i>Joylor</i> Last <i>Joylor</i>		4. DATE OF DEATH Month <i>Aug</i> Day <i>13</i> Year <i>1963</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>3/4/1953</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>St Louis Mo</i>
13a. FATHER'S NAME <i>Henry Adams</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Bell Redeemer</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Bell Joylor</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give branch or dates of service) <i>No</i>		17. INFORMANT <i>Mary Bell Joylor</i> Address <i>4055 Easton</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <i>Compound fracture of skull, suffered when struck by truck operated by one Johnnie Blue in yard of about 4058 Moffat on August 13th 1963 about 10:00 AM</i> DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>accident</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>see above</i>	
20c. TIME OF INJURY Hour <i>10:00</i> a.m. p.m. Month, Day, Year <i>8-13-63</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>street</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis, Mo</i>
21. I attended the deceased from <i>10:20 A</i> to <i>11</i> and last saw her/him alive on <i>8-13-63</i> . Death occurred at <i>10:20 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul Simon</i> (Degree or Title) <i>Deputy Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>8/15/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>8-19-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>WASHINGTON PARK</i>	23d. LOCATION (City, town, or county) <i>St Louis Co Mo</i>
24. FUNERAL DIRECTOR <i>Reliable Funeral Svc 1389 N. Duane</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 15 1963</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

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 James A. Wyatt

Licensed Embalmer No. 4441

P. O. Address 1389 Union

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.