No. 300
10-47
5-17-39
I 3906

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

#81076

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2669

Registrar's No. 1079

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-Max C Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks 24
(Specify whether years, months or days)
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3523 Indiana Avenue 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NOAH JAYCOX

3. (b) If veteran, name war W W #1

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Esther

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased May 3, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	8	28	____ hr. ____ min.

9. Birthplace Reynolds County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Auto

FATHER
12. Name Charles Jaycox
13. Birthplace Reynolds County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Fitzgerald
15. Birthplace Reynolds County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Barger Jaycox
(b) Address 3742 Meremec Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Caledonia, Missouri

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) FEB 2 1948 (Date received local registrar) (b) J. J. Bracek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st year 1948 hour 5 minute 45 A M.

21. I hereby certify that I attended the deceased from 1/3/48, 19__, to Jan 31st, 19 48 that I last saw him alive on Jan 31st, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the Left Kidney	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 K. D. Gregory, M.D. (M.D. or other)
Address 1515 Lafayette 1/31/48 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A N Cooper

Licensed Embalmer No. 8830

P. O. Address 2201 Lafayette

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 this body is not embalmed, fact should be so stated above.