UG 29 1913 Copy only.

Original sent to Jeff City 8/8/28

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25092

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 248H — Registered No. 160
City Richmond Hts Mo. St Mary's Hospital St. Ward)

2. FULL NAME Don Roscoe Joseph
(a) Residence. No. Clayton Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dora L Joseph

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 24, 1881

7. AGE: Years 46 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Professor of
(b) General nature of industry, business, or establishment in which employed (or employer): Physiology
(c) Name of employer: St Louis University

9. BIRTHPLACE (CITY OR TOWN): Chatsworth
(STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Geo. M Joseph
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Electa Combs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ill.

14. INFORMANT: Mrs D. R. Joseph
(Address) 8538 Litzsinger Rd. Clayton, Mo.

15. FILED 7/10 19 28 C. L. Jensen REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 8 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/1/28, 19..., to 7/8, 19 28 that I last saw h... alive on 7/8, 19 28, and that death occurred, on the date stated above, at 3 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1(a) Bronchial Pneumonia
1(b) (Septic)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Septic throat
(duration) 1 wk mos. ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? All test
(Signed) Chas Hugh Neilson, M. D
, 19 (Address) Wash. Club Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem. — DATE OF BURIAL: 7/11 19 28

20. UNDERTAKER: C R Lupton — ADDRESS: 4449 Olive St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.