S. No. 2
OM—2-43
v. 5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32038

Registration District No. FILED OCT 31 1945

Primary Registration District No. 100

Registrar's No. 8728

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8305 Polk St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 005

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

(d) Street No. 8305 Polk
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Benjamin F. Joseph Sr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Elizabeth Joseph

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June (Month) 15 (Day) 1887 (Year)

8. AGE: Years 58 Months 3 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Georgia (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Stephen Joseph

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

14. Maiden name Tennia ?

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

16. (a) Informant Elizabeth Joseph

(b) Address 8305 Polk Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-45 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ellis Fun. Home

(b) Address 2820 Stoddard St.

19. (a) OCT 9 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1945 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 14, 1945 to Oct 4, 1945 that I last saw him alive on October 4, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis	1 year
Due to chronic endocarditis mitral stenosis and regurgitation	24 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Abdominal paracentesis July 14, 1945 - 1500 cc. fluid

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 Burchard Sturett (M. D. or other) M.D.

Address 6006 Virginia Ave Date signed 10/8/45

(Licensed Embalmer's Statement on Reverse Side)

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

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 L Boyk

....., Registered Apprentice No. M

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2746

P. O. Address St Louis M

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.