S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14282

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3951

1. PLACE OF DEATH:
(a) County
(b) City or town SAINT LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 62
(c) City or town MARQUAND (RURAL) 0
(If outside city or town limits, write "RURAL")
(d) Street No. NONE 0
N.R. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME JAMES O. JOSEPH
3. (b) If veteran, name war SPANISH WAR.
3. (c) Social Security No.
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife IRENE M. JOSEPH
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased APRIL 24th, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	0	1	hr. min.

9. Birthplace NEW VIRIGINIA, IOWA (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business
FATHER
12. Name WILLIAM L. JOSEPH
13. Birthplace OHIO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARTHA THOMAS
15. Birthplace IOWA (City, town, or county) (State or foreign country)
16. (a) Informant ANDREW W. JOSEPH
(b) Address 3509 WEST PL. BEVERLY HILLS, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD
19. (a) APR 27 1948 (Date received local registrar) (b) J. F. Brecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25th year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 4-21, 1948, to 4-25, 1948 that I last saw h. 1 alive on 4-24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia Pulmonary atelectasis massive — Duration: 24 hrs 15 Min
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations acute cholecystitis c̄ cholelithiasis
Of autopsy Pulmonary atelectasis massive Hypostatic Pneumonia Pulmonary Cancer

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature William Whorley MCO (M. D. or other)
Address ~~4-26~~ 3108 Sgrnd Date signed 4-26-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Mr. William Farley
3108 S. Grand Ble.
Pr. 5172

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 John A. Mlenar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.