FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31148

Registrar's No. 8567

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 1386 Arlington Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3yrs 2 mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1386 Arlington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRIETTA JOSEPH
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jacob Joseph
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 14 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
76	6	16	hr. min.

9. Birthplace Bronx (City, town, or county) New York (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Morris Josephs
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER 14. Maiden name Dora (unknown)
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Seymour Leventhal
(b) Address 1386 Arlington Ave.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bronx, New York
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) OCT 1 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 30th year 1948 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from March, 1948, to Sept 30, 1948, that I last saw her alive on Sept 29, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	1 week
Due to: Arteriosclerosis	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)
While at work? (e) Means of injury

23. Signature Martin W. Davis (M. D. or other)
Address 539 N Grand Ave Date signed 10/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

nil

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 _____

Licensed Embalmer No. 4229

P. O. Address _____

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.