

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38897**  
Registrar's No. **10201**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6488 Murdoch Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>6488 Murdoch Ave.</b>	
3. NAME OF DECEASED a. (First) <b>George</b> b. (Middle) <b>E.</b> c. (Last) <b>Joslin Sr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 25 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 27, 1876</b>
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice President</b>	11. BIRTHPLACE (State or foreign country) <b>Centredale, R. I.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13. NAME OF HUSBAND OR WIFE <b>Ethel M. Joslin</b>	
13a. FATHER'S NAME <b>Marcus A. Joslin</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Capron</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Yes</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ethel M. Joslin-6488 Murdoch Ave.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>atherosclerosis Heart Dis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Lipoid Nephrosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>8-10y.</b> <b>10-15y.</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>181</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>571X</b>	
22. I hereby certify that I attended the deceased from <b>July</b> , 1946, to <b>Nov. 25</b> , 1949, that I last saw the deceased alive on <b>Nov. 24</b> , 1949, and that death occurred at <b>5:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>L. C. Welsh</b>		23b. ADDRESS <b>4030 Chouteau</b>	
23c. DATE SIGNED <b>11/26/49</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Providence R. I.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov. 28, 1949</b>	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>NOV 28 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Colonial Mortuary 6464 Chippewa St.</b>	

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *2814 S. Broadway*

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.