

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011073  
STATE FILE NUMBER  
2-1821

HEU MAR 18 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City 4346	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute Jewish Hosp.		d. STREET ADDRESS (If outside, give location) 7428 Tulane	
3. NAME OF DECEASED (Type or print) First MIDDLE Last HENRY JOSEPH		4. DATE OF DEATH Month Day Year Feb. 20, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 21, 1904
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B uyer		9b. KIND OF BUSINESS OR INDUSTRY Millinery Manf.	9c. AGE (In years last birthday) 54
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) Roumania
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Joseph		13b. MOTHER'S MAIDEN NAME Rose (unk)	
14. NAME OF HUSBAND OR WIFE Myra		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Mrs. Myra Joseph 7428 Tulane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute pulmonary edema</i> DUE TO (b) <i>arteriosclerotic heart disease</i> DUE TO (c) <i>420.0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>one hour</i> <i>years</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>3/19/46</i> to <i>2/20/59</i> and last saw <sup>her</sup> alive on <i>2/17/59</i> Death occurred at <i>3/18/59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>May S. Franklin M.D.</i>		22b. ADDRESS <i>634 N. Grand Ave.</i>	
22c. DATE SIGNED <i>2/20/59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rem.</i>	
23b. DATE <i>2/22/59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emet</i>	
23d. LOCATION (City, town, or county) <i>University City, Mo.</i>		23e. (State)	
24. FUNERAL DIRECTOR <i>Berger Memorial 4715 W. Cherson</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 20 '59</i>	
26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i> <i>E.P.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

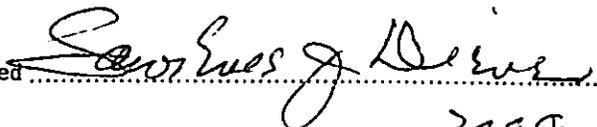
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Health, Welfare, Public Service  
300  
1-57  
38  
3U  
6  
0

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 .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 3988 .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.