

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015216
STATE FILE NUMBER
2-3215

XC-1444 274
SL 10427

Registration District No. _____ Primary Registration District No. _____ Registrar No. **3215**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SAINT CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN E. ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 411 S. 42ND STREET	
Length of stay in lb 25 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ED Middle Last JOSEPH			4. DATE OF DEATH Month MARCH Day 29 Year 1959		
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/22/1895	9. AGE (In years, est birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CAMPTI, LOUISIANA	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOHN JOSEPH		13b. MOTHER'S MAIDEN NAME EADITH HENDERSON		14. NAME OF HUSBAND OR WIFE -----	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name or dates of service) YES WW-1		16. SOCIAL SECURITY NO.	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLUS				INTERVAL BETWEEN ONSET AND DEATH 6 HOURS	
DUPLICATE (b) ARTERIOSCLEROTIC HEART DISEASE				YEARS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUPLICATE (c) - 420.0 -				-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" 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 _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **3/4/59** to **3/29/59** and last saw ~~him~~ ^{her} alive on **3/29/59**
Death occurred at **11:40 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. HOSFORD, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 3/30/59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4/3/59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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24. FUNERAL DIRECTOR Marion's Office	ADDRESS E. St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. MAR 31 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Director, coroner, etc.: must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

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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 *Frank Prokop*

Licensed Embalmer No. *4356*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.