MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044446

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11270

FILED NOV 30 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 8 9 2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 60 yrs.

c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bethesda General Hosp. — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 3641 Rutger — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LUCILLE Middle (NMN) Last JOSEPH

4. DATE OF DEATH Month Day Year Nov. 21, 1962

5. SEX Female

6. COLOR OR RACE White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH 5/28/1886

9. AGE (last birthday) 76

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) Litchfield, Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Fred Andres

13b. MOTHER'S MAIDEN NAME Mahtilda Helfer

14. NAME OF HUSBAND OR WIFE Athanas Joseph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No, or None

16. SOCIAL SECURITY NO.

17. INFORMANT Address St. Louis 23, Dr. Mr. John Joseph, 10600 E. Grantview

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Bronchial Pneumonia — 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Thrombosis — 3-4 days

DUE TO (c) Coronary Sclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year none

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Nov 21, to Nov 26 and last saw her/him alive on Nov 21

Death occurred at Nov 21 — 3:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Preston C. Hall MD

22b. ADDRESS 3902 Lafayette

22c. DATE SIGNED 11/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11/26/62

23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, 6175 Delmar (12)

25. DATE RECD. BY LOCAL REG. NOV 23 1962

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

OK Helen L. Taylor Coroner 11-26-62

Dr. Preston Hall
3902 Lafayette
Pr.1-8074

Fri.11:00-1:00PM
3:00-5:00PM
7:00-9:00PM

Sat. 11:00-1:00PM

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 J. Allen Davis, Jr.

Licensed Embalmer No. 4053

P. O. Address St L.

Nov. 24 1962

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.