

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 39139
Registrar's No. 10274

BIRTH NO. #97397		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10274		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri				a. STATE Missouri				
c. LENGTH OF STAY (in this place) 5 yrs.				b. COUNTY MO.				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				
d. STREET ADDRESS #1. 72-1462 Kealty Lane				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) JOSEPH			b. (Middle) OSINE		
c. (Last)			4. DATE OF DEATH			(Month) (Day) (Year)		
5. SEX M			6. COLOR OR RACE W			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		
8. DATE OF BIRTH December 25,			9. AGE (in years last birthday) About 64			10. IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Syria		
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Alice			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Frieda Osine			ADDRESS 1462 Kealty Lane			18. CAUSE OF DEATH		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			DUE TO (b) Cor Pulmonale					
			DUE TO (c) Pulmonary Fibrosis, advanced					
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			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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) 114th		
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? 525X		
22. I hereby certify that I attended the deceased from 11/27/49, 19, to 11/28/49, 19, that I last saw the deceased alive on 11/28/49, 19, and that death occurred at 5:40PM m., from the causes and on the date stated above.								
23a. SIGNATURE Carson Henderson M.D.					23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 11/28/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-30-49		24c. NAME OF CEMETERY OR CREMATORY Reynolds, Missouri		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. NOV 29 1949		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.W. McLaughlin 2301 Lafayette Av			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.