

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33914

1928

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Township Jefferson Primary Registration District No. 4249
 City Festus Mo. St. _____ Ward _____

File No. _____
 Registered No. 84

2. FULL NAME

Elizabeth Posek
 (a) Residence. No. Festus Mo. St. Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 | 7 | 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) None
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Fred W. Eff
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Mrs. N. P. Peral
 (Address) Crystal City Mo.

15. FILED 11/30/27 E. Rutledge
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1927, to Nov. 27, 1927, that I last saw her alive on Nov. 26, 1927, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Organic Heart Disease
95B
106B
 (duration) unknown yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Chronic Bronchitis
unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. L. Cunningham, M. D.
 No. 28, 1927 (Address) Crystal City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Festus Mo. DATE OF BURIAL Nov 29, 27

20. UNDERTAKER Quester & Vineyard ADDRESS Festus Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

