DEC 28 1937

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

Do not use this space.

File No. 42496
Registered No. 485

1. PLACE OF DEATH
County St Louis — Registration District No. 1123
Township Carondelet — Primary Registration District No. 6248 B
City Jefferson Bks (No. Veterans Adm. Facility St. Ward)

2. FULL NAME Henry F. POSER
(a) Residence, No. 129 S. 6th. st. St., Ward. St. Charles Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~XXXXX~~ Martha Poser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 1899 Not known

7. AGE 38 — Years: 38 — Months: 10 — Days: 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerking
10. Date deceased last worked at this occupation (month and year) Not known
11. Total time (years) spent in this occupation not kn

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

FATHER
13. NAME Edward Poser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

MOTHER
15. MAIDEN NAME Alvina Muller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT John P. Hauser (ADDRESS) V.A.F. Jeff. Bks. — Johnp. Hauser
18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cem. St. Charles DATE Dec. 15 1937
19. UNDERTAKER Hackmann Bauer (ADDRESS) St. Charles - Mo.
20. FILED Dec. 12 1937 G. Mourn Registrar. Mrs. P. Tate

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1935, 19 35, to Dec 12 1937, 19 I last saw him alive on Dec 12 1937, 19 Death is said to have occurred on the date stated above, at 7:05 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulm. Chr. Active F.A.	Unkn.

Other contributory causes of importance: 78

Name of operation Induced Pneumothorax Date of 3-12-36
What test confirmed diagnosis? Sputum, etc. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. W. Hughes, M. D.
(Address) V.A. F. Jefferson Bks Mo.
C.W. Hughes
per John C. Hauser M.D.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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