

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

FORM 1-1951

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.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 161

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland <sup>1077</sup> <sup>2</sup>

(c) Name of hospital or institution:  
2974 Kentucky Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Lydia K. Posey 210

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jesse L. Posey 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Aug. 23, 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>4</u>	<u>28</u>	hr. _____ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Zitko

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Melka

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jesse L. Posey

(b) Address 2974 Kentucky Ave.

17. (a) Burial (b) Date thereof Jan. 24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Am. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) JAN 23 1940 (b) R. K. Meyer, M.D. JPH  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland  
(If outside city or town limits, write "RURAL")

(d) Street No. 2974 Kentucky Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21<sup>st</sup> -  
year 1940 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from January 21<sup>st</sup> 1940, to same day 1940 that I last saw her alive on Jan 21<sup>st</sup> 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 yrs

Due to Hypertension

Due to \_\_\_\_\_

Other conditions chronic myocarditis  
(Include pregnancy within 3 months of death)

Major findings: 930

Of operations \_\_\_\_\_

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature Arnold H. Wurger (M. D. \_\_\_\_\_)

Address 8900 St. Plas Rd Date signed 1/21/40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

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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.....  
....., Registered Apprentice No.....

working under my personal supervision.

Signed Benj. C. Danican  
Licensed Embalmer No. 2272  
P. O. Address 1926 Allen Ave

**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 this body is not embalmed, above space should be left blank.**