

FILED NOV 16 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9335**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town..... **Saint Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2230 Gaine Avenue**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Walter Ernest Poss**
3. (b) If veteran, No. name war.....
3. (c) Social Security No. **490-037754**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elsie Poss**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **Nov. 24, 1890**
(Month) (Day) (Year)

8. AGE: Years **51** Months **11** Days **15**
If less than one day
hr. min.

9. Birthplace **Atlanta Georgia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Automobile mechanic**

11. Industry or business.....

MOTHER FATHER {
12. Name **Johna Poss**
13. Birthplace **Atlanta Georgia**
(City, town, or county) (State or foreign country)
14. Maiden name **Fannie Laudie**
15. Birthplace **Atlanta Georgia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elsie Poss**
(b) Address **2230 Gaine Ave.**

17. (a) **Burial** (b) Date thereof **Nov. 11, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lebanon, Illinois**

18. (a) Signature of funeral director **Craig Mortuary**
(b) Address **4468 Washington**

19. (a) **NOV 9 1942** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9**
year **1942** hour **1:10** minute **A.M.**

21. I hereby certify that I attended the deceased from **November 4, 1942** to **November 9, 1942**;
that I last saw him alive on **November 9, 1942**;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Non chest pain, emphysema & Cor. Arteriosclerosis.

Due to.....
Due to.....

Other conditions:
(Include pregnancy within 3 months of death)
Poly cy chemia (compensatory)

Major findings:
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

23. Signature **William J. Parks** (M.D. or other)
Address **1515 Lafayette Avenue** Date signed **11/9/42**

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Philip M. Levaig

Licensed Embalmer No.

328P

P. O. Address

4468 Washington

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, fact should be so stated above.