

138  
 V. S. No. 2  
 50M-5-42  
 Rev. 5-17-39  
 I X32873

35891

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 23 1942 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 9574

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 5 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 202  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2307 Benton St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Milton Poss  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 496-226538

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 12, year 1942 hour 9:26 minute P. M.

4. Sex Male 5. Color of race White  
 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Mary Ann Poss  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 31 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 8, 1942 to November 12, 1942:  
 that I last saw him alive on November 12, 1942:  
 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 5 Days 12  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chremia  
 Duration \_\_\_\_\_

9. Birthplace Hellington Alabama  
(City, town, or county) (State or foreign country)

Due to congenital cystic disease of kidneys  
 Due to \_\_\_\_\_

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) 157

11. Industry or business \_\_\_\_\_  
 12. Name J. J. Poss  
 13. Birthplace Alabama  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ward  
 15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy as above 157  
 Underline the cause to which death should be charged statistically.

16. (a) Informant William McGavock  
 (b) Address Elliot + Benton Sts.  
 17. (a) Burial (b) Date thereof Nov. 17, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Musical Park Burial

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) (a) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Chas. A. Brill  
 (b) Address 4457 Washington Bl.  
 19. (a) NOV 17 1942 (b) J. H. Bredsek  
(Date received local registrar) (Registrar's signature)

23. Signature Laura G. Genduff M.D.  
 Address 1515 Lafayette Avenue Date signed 11/13/42

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

*[Handwritten initials]*

---

---

**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..... *William J. Hians* .....

Licensed Embalmer No. *4319* .....

P. O. Address..... *St. Louis Mo.* .....

**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.**