No. 2
1—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26513

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7047

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CHILDRENS Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)
In this community 1 DAY

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILL (b) County MADISON 11
(c) City or town HIGHLAND 0
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Frederick Charles Poss
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased APRIL (Month) 19 (Day) 1930 (Year)
8. AGE: Years 14 Months 3 Days 22 If less than one day hr. min.
9. Birthplace HIGHLAND (City, town, or county) ILL (State or foreign country) 1
10. Usual occupation SCHOOL BOY
11. Industry or business
12. Name BOWMANN POSS (Father)
13. Birthplace MORRIS (City, town, or county) ALABAMA (State or foreign country) 1
14. Maiden name EDNA WASSERFALL (Mother)
15. Birthplace HIGHLAND (City, town, or county) ILL (State or foreign country) 1
16. (a) Informant MRS EDNA POSS
(b) Address HIGHLAND ILL.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 8-12-194 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEM MADISON ILL
18. (a) Signature of funeral director BOULANGER FUNERAL
(b) Address HOME HIGHLAND ILL.
19. (a) AUG 13 1944 (Date received local registrar) (b) J. F. Boredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1944 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from 8-11, 1944, to 8-11, 1944, that I last saw him alive on 8-11, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Bronchopneumonia Cerebroma Lung multiplex
Due to
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations above
Of autopsy

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

23. Signature R. J. Blattner (M. D. or other)
Address 1 N. Kingshighway Date signed

844 (Licensed Embalmer's Statement on Reverse Side)

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 John Kettler

Licensed Embalmer No. 3880

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.