No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42841

FILED JAN 7 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11159

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. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 743 ~~[illegible]~~ Cushing
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George W. Poston

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased April 12, 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name George W. Poston
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Nevins
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Poston
(b) Address 7355 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Harrigan & Sheanan
(b) Address 4415 Washington Bl.

19. (a) DEC 27 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year hour 2:45 minute a. M.

21. I hereby certify that I attended the deceased from Dec 21 1946 to Dec 25 1946
that I last saw him alive on Dec 25 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	3 hrs
Due to: Gastro-intestinal Hemorrhage	2 dys
Due to: Gastric ulcer	15 yrs
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

117

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. H. Branger (M.D. or other) MD
Address 4952 Maryland Date signed 12/26/46

(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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.