

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10441**

FILED MAR 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1925**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus 1502</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>West Main St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Herman</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Posch Sr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 25, 1952</b>
-------------------------------------	--------------------------	-----------------------	----------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 25, 1883</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	--	---	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Novelties</b>	11. BIRTHPLACE (State or foreign country) <b>Festus, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	--	--	--

13a. FATHER'S NAME <b>Herman Posch</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Neff</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Herman W. Posch Jr.</b> ADDRESS <b>Long Beach, Cal.</b>
--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b>  <b>? yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sub acute Basal ganglia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>2nd conditio</b> <b>Reumoid Heart Disease</b> DUE TO (c) <b>Anemia Scurvy</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>H/box</b>
--	--	--

22. I hereby certify that I attended the deceased from **2/22, 1952**, to **2/25/52**, that I last saw the deceased alive on **2/25, 1952**, and that death occurred at **1:55p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. Hornmiller MD</b>	23b. ADDRESS <b>408 Humboldt</b>	23c. DATE SIGNED <b>2/25/52</b>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-25-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart</b>	24d. LOCATION (City, town, or county) (State) <b>Crystal City, Mo.</b>
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>FEB 28 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Vinyard Funeral Home</b> ADDRESS <b>Festus, Mo.</b>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1952

AUG 14 1958

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*John J. Dennehy*  
Licensed Embalmer No. 4194  
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.