No. 300
0-48

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21108

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4910

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis, Mo. 0

c. LENGTH OF STAY (in this place) 2 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY 2179

c. CITY OR TOWN St.Louis,

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0

e. STREET ADDRESS (If rural, give location) 17 3644 Botanical

3. NAME OF DECEASED (Type or Print)
a. (First) SARAH b. (Middle) M. c. (Last) POSSE

4. DATE OF DEATH (Month) (Day) (Year) JUNE 1, 1954

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH 12-15-1861

9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own Home

11. BIRTHPLACE (City and State or Foreign Country) Ohio 1

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frazier

13b. MOTHER'S MAIDEN NAME Unk.

14. NAME OF HUSBAND OR WIFE Knut Posse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME H.L.Krebs, 3644 Bontanical, St.Louis 10, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma of Urinary bladder — 5 years

DUE TO (c)

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

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 181X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1954, *to* June 1, 1954, *that I last saw the deceased alive on* June 1, 1954, *and that death occurred at* 5:50p *m., from the causes and on the date stated above.*

23a. SIGNATURE F R Bradley (Degree or title) M.D. 0

23b. ADDRESS BARNES HOSPITAL

23c. DATE SIGNED June 2, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-3-1954

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery

24d. LOCATION (City, town, or county) St.Louis (State) Missouri

DATE REC'D BY LOCAL REG. JUN 2 1954

REGISTRAR'S SIGNATURE J Earl Smith MD MJB

25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN Funeral Home, Inc. ADDRESS 2301 Lafayette, St.Louis 4, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. G. Farris

Licensed Embalmer No. 33

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.