

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020568

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 5594 Registrar's No. 62  
**FILED JUN 14 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, of TOWNSHIP only) <b>KURAL-MERAMEC</b> Length of stay in 1b <b>2 Mos. 16 Days</b>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Joseph's Hosp. Interm.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2460 HALLFEE DR.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>WALTER N. Posch</b>		4. DATE OF DEATH Month Day Year <b>JUNE 7 1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/12/1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GROCER</b>	11. BIRTHPLACE (City and state or country) <b>Festus Mo.</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>HELEN LEIDY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Not Known</b>		16. SOCIAL SECURITY NO.	17. INFIRMARY Address <b>Do. Rm. St. Joseph's Hosp. Interm.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBROVASCULAR ACCIDENT</b> DUE TO (b) <b>CEREBRAL ARTERIOSCLEROSIS</b> DUE TO (c) <b>GEN. ARTERIOSCLEROSIS WITH CEREBRAL C.V. INVOLVEMENT.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>5 DAYS.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility.</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>February '63</b> to <b>6/7/1963</b> and last saw him alive on <b>6/4/1963</b> . Death occurred at <b>1:50 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>P. C. Hogan Mrs.</b> (Degree or title)		22b. ADDRESS <b>2623 Telegraph Rd. St. Louis 26</b>	22c. DATE SIGNED <b>6/7/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 10, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Catholic</b>	23d. LOCATION (City, town, or county) (State) <b>Crystal City, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Vinyard Funeral Home, Festus, Mo.</b>		25. DATE RECD. BY LOCAL REG <b>6-11-63</b>	26. REGISTRAR'S SIGNATURE <i>Robert C. Bauer</i>

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 LEROY T. LUCAS Student Embalmer No. 697  
working under my personal supervision.

Student Leroy T. Lucas  
Signature of Student Embalmer

Signed Donald H. Vinyard

Licensed Embalmer No. 4608

P. O. Address Festus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Rec'd 6/10/68  
6/10/68  
6/10/68