

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11030

1. PLACE OF DEATH

City St. Louis Registration District No. 791
Township St. Louis Primary Registration District No. 11253
City St. Louis (No. St. Johns Hosp.) St. _____ Ward _____

File No. _____
Registered No. 3112
St. _____ Ward _____

2. FULL NAME

Ellen Burdsohl Poston
(a) Residence. No. 4948 Page St. 12 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Poston</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 22. 1848</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>1</u>	DAYS <u>6</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housework.</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky.

PARENTS	10. NAME OF FATHER <u>Salomon Burdsohl</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Conroy</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ohio</u>

14. INFORMANT Mrs Virginia Cornet
(Address) Avalon Hotel

15. FILED 30 Mar 21 1932 Wm C. Tankersley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1932
17. I HEREBY CERTIFY, That I attended deceased from March 19, 1932, to March 28, 1932, that I last saw him alive on March 28, 1932, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

75.5 106A Chronic
Coronary Arteriosclerosis
(duration) ? yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Heart
(Signed) Dr. J. B. M. D.
_____ 19 _____ (Address) 611 Washington St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL March 31 1932

20. UNDERTAKER Mullen and Co ADDRESS 6165 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

