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

Do not use this space.

24296

File No. 24296
Registered No. 76

1. PLACE OF DEATH
County St. Louis
Township Central
City Webster Groves (No. 7318 Devonshire Av St. Ward)
Registration District No. 788
Primary Registration District No. 4471

2. FULL NAME Lorraine Poss

(a) Residence, No. 7318 Devonshire Av St., 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.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arthur Poss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 28 1900

7. AGE: Years 32 | Months 9 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: Chas. Dant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Emma Ernett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Arthur Poss 7318 Devonshire

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Paul's Churchyard DATE: Aug 3, 1933

19. UNDERTAKER (ADDRESS): Croghan Und. Co. inc. 7146 Manchester Av.

20. FILED: 8-3, 1933 Dr. A. W. Westing S. Culoh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 4th, 1932, to July 31st, 1933.
I last saw her alive on July 31st, 1933. Death is said to have occurred on the date stated above, at 1.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left Mammary (Breast)	July 1932.
Other contributory causes of importance:	

Name of operation: Amputation Breast Date of: 11/23-33
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Albert B. Reinbarth, M. D.
(Address) 3548 S. Grand Bl.

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.