

MAR 12 1936

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

Do not use this space.

8106

1. PLACE OF DEATH

County.....

Registration District No. 791

File No. 1784

Township.....

Primary Registration District No. 1008

Registered No. 1784

City

St. Louis

(No. 2209)

Herbert St. Little Sister of the Poor (Ward)

2. FULL NAME

Edward F. Poser

(a) Residence, No. 2209

Herbert

St. 20

Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Minnie Poser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 9th 1864

7. AGE

71 YEARS

10 MONTHS

16 DAYS

If LESS than 1

day, hrs.

or mts.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Teamster

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Retired

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

St. Louis Mo

(STATE OR COUNTRY)

FATHER

13. NAME

William Poser

14. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Catherine Pickers

16. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

17. INFORMANT

Sister Jeanne

(ADDRESS)

2209 Herbert

18. BURIAL, CREMATION, OR REMOVAL

PLACE

New Pickers Cem. Wd. 2/19 1936

DATE

19. UNDERTAKER

Arthur J. Donnelly

(ADDRESS)

3540 Audubon Blvd.

20. FILED

FEB 18 1936

J. T. Bredock

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 2, 1936, to Feb. 15, 1936

I last saw him alive on Feb. 15, 1936 Death is said

to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Chronic myocarditis

Name of operation

None

Date of

What test confirmed diagnosis? Clinical 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) Anthony A. Quekewich, M. D.

(Address) 1525 1/2 Cass Ave.

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.

RECORD WITH ORIGINAL INFORMATION—THIS IS A PERMANENT RECORD

