REC'D MAY 10 1939

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

12950
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. .....

(b) Township ..... 2 Primary Registration District No. ..... Registered No. 3292

(c) City St. Louis (d) Street No. PARK LANE HOSP. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 260 Bernice Blanche Poser

(a) Residence, No. 6300 St Clair Ave St. NR St. Louis Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: George Poser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-22-1893

7. AGE: YEARS 46 | MONTHS 0 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
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): Missouri

FATHER
13. NAME: Ben Seibert O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri O

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

17. INFORMANT (ADDRESS): Geo. Poser, St Louis, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belleville Ill DATE 4-8-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Pete Gardner, Belleville Ill.

20. FILED APR 8 1939 J F Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1939, to Apr. 8, 1939
I last saw her alive on Apr. 8, 1939. Death is said to have occurred on the date stated above, at 5 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid Colon	
Other contributory causes of importance:	
Carcinoma Sigmoid Colon	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) Jerry J. Smith, M. D.
(Address) 4930 Lindell Blvd

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 .....,

Registered Apprentice No....., working under my personal supervision.

Signed William G. Burkhardt

Licensed Embalmer No. 2110

P. O. Address St. Louis 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 this body is not embalmed, above space should be left blank.