No. 2
4-13-40
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X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36806

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 9079

FILED DEC 9 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2622 Rutger St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 22 (If outside city or town limits, write "RURAL")

(d) Street No. 2622 Rutger St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 58 years.

3. (a) PRINT FULL NAME Auguste Posch

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Victor W. Posch

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Jan. (Month) 19 (Day) 1860 (Year)

8. AGE: Years 80 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Peter Ranft

13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Victor W. Posch

(b) Address 2622 Rutger St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-40 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Witt Bro. & Co.

(b) Address 2904 S. Jefferson Av.

19. (a) NOV 4 1940 (Date received local registrar) (b) J. Biedrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1940 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from August 19, 1940, to November 2, 1940 that I last saw h. alive on Oct. 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis — Duration not known

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature George Mueller (M. D. or other)

Address 2504 N. 14 Date signed Nov. 4, 40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 9989 S. Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.