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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1005

State File No. 29100

Registration District No. 318 Primary Registration District No. Registrar's No. 7944

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: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 910
(If outside city or town limits, write "RURAL")

(d) Street No. 3734 Carter Ave
(If rural, give location)

(e) Citizen of foreign country? 36 Years (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frank Pozsar

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rosa Pozsar

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November 21, 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Parkany Austria Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Chicker Raiser

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Pozsar
(b) Address 3734 Carter Ave

17. (a) Burial (b) Date thereof 9/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Burial

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 24 1942 (b) J. F. Brideck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23, year 1942 hour 2:35 AM minute 35 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Oedema Lungs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? Park
(Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M. D. or other)

Address Deputy Coroner Date signed 9/24/42

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William G Buchholz

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 wit the above constitutes grounds for revocation of license.)

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