

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

FILED MAY 12 1943

Registration District No. **318** Primary Registration District No. _____

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: **3224 Itaska Str. /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **Frank W. Posek**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **483-07-8843**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Anna Posek**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Oct. 4 1896**
(Month) (Day) (Year)

8. AGE: Years **46** Months **6** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

MOTHER FATHER { 11. Industry or business _____

{ 12. Name **Frank Posek**

{ 13. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Christine Cibulka**

{ 15. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Posek**

(b) Address **3224 Itaska Str**

17. (a) **Burial** (b) Date thereof **May. 3. 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **San Let Park**

18. (a) Signature of funeral director **Ann B. Monnell**

(b) Address **1926 Allen Ave.**

19. (a) **MAY 2 1943** (b) **J. J. Meebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1002**

(a) State **Missouri** (b) County _____

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

(d) Street No. **3224 Itaska Str**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30** year **1943** hour **8** minute **30** **P.** M.

21. I hereby certify that I attended the deceased from **Apr. 24** to **Apr. 30** 19**43** and that death occurred on the date and hour stated above. **1**

Immediate cause of death **Pulmonary Tuberculosis**

Due to _____

Due to _____

Other conditions **Tubercular meningitis**
(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? _____

While at work? _____ (Specify type of place)

Means of injury **D**

23. Signature **Charles Ebers** (M. D. or other) **M. D.**

Address **2602 S. Roway** Date signed **5-1-43**

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

Signed Wm B. Moyse

Licensed Embalmer No. 1467

P. O. Address 1936 Allen an

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, fact should be so stated above.