V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16488

FILED MAY 18 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4347

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
816 Wilmington Avenue.,
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 816 Wilmington Avenue.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virginia W. Poston

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Roy H. Poston Sr.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May (Month) 28, (Day) 1895 (Year)

8. AGE: Years 47 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Doe Run (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William L. Waring

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

MOTHER 14. Maiden name Josephine Bennett

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

16. (a) Informant Roy H. Poston Sr.

(b) Address 816 Wilmington Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/43 (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) MAY 10 1943 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1943 hour 9 minute 0'1 M.

21. I hereby certify that I attended the deceased from Feb. 6, 1943, to May 10, 1943; that I last saw her alive on May 10, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	
Due to Hypertension	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Albert H. Stokes (M. D. or other) D.O.

Address 4903 Lansdowne Date signed 5/10/43

(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. G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.