

FILED JUL 13 1948

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1003

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
2350 Klemm /
(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 Hugh Posey

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Posey

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

7. Birth date of deceased July 14, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	11	17	hr. min.

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

10. Usual occupation Clerk

11. Industry or business Unemployed

MOTHER FATHER {

12. Name Thomas Posey

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

14. Maiden name Georgia Dixon

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

16. (a) Informant Mary L. Posey

(b) Address 2350 Klemm

17. (a) Cremation (b) Date thereof 7/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director E. Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUL 2 1943 (b) J. F. Budock
(Date received local registrar) (Registrar's signature)

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. 2350 Klemm
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1943 hour 2:20 P.M. minute..... M.

21. I hereby certify that I attended the deceased from 11/2-42
1942 to 7/1/43, 1943

that I last saw him alive on 7/1/43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Cirrhosis
Duration what 2 yrs

Due to.....

Due to.....

Other conditions Hemiplegia
(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?..... (a) Means of injury.....

23. Signature J. F. Budock (M. D. or other) MD
Address University Club Bldg Date signed 7/2/43

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

Signed.....

Florin Eymak

Licensed Embalmer No.....

1284

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, fact should be so stated above.