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V. S. No. 2
50M-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **8047**

ED SEP 17 1943
Registration District No. **318**

Primary Registration District No. **1002**

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

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1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Lutheran Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **0**
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **Route 12**
(If rural, give location)

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

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N.R. 0

3. (a) PRINT FULL NAME **Anna E. Poos,**

3. (b) If veteran, name war _____

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 **Edward F. Poos.**

6. (c) Age of husband or wife if alive, **53** years

7. Birth date of deceased **October 21st, 1877.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 **10** **13** hr. _____ min.

9. Birthplace **Unknown** **Germany** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-Wife.**

11. Industry or business _____

MOTHER FATHER { 12. Name **Gustave Hensel**

13. Birthplace **Unknown** **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown.** **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward F. Poos.**

(b) Address **Route 12 Kirkwood Missouri.**

17. (a) **Burial** (b) Date thereof **Sept. 11, 1943.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery.**

18. (a) Signature of funeral director **Ziegenhein Bros.**

(b) Address **6409 Gravois Ave.**

19. (a) **SEP 9 1943** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **4th,**
year **1943.** hour **11** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **July 30** to **September 4,** 19**43.**
that I last saw her alive on **September 4,** 19**43.**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pancreatitis** **5 days**

Due to **Gargomon's Cholecystitis** **4 1/2 days**

Due to **Diabetes Mellitus** **undetermined**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **Gargomon's Cholecystitis**

Of autopsy **none**

Duration

5 days

4 1/2 days

undetermined

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 **Robert G. Schuster** (M. D. or other) **M.D.**

Address **508 N. Grand Blvd** Date signed **9/18, 1943**

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.....

U. E. Morris

Licensed Embalmer No.....

3360

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.