V. S. No. 2
50M—9-4-41
Rev. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32703

State File No. 8749

FILED OCT 23 1944

Registration District No. 318

Primary Registration District No. 1005

Registrar's No.

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

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: DEACONESS HOSP
(If not in hospital or institution, write street number or location) 0

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

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

(d) Street No. 7365 LINDELL BLVD
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRANCIS STEWART POSTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased OCT (Month) 26 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
37	11	18	hr. min.

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

10. Usual occupation CLERK

11. Industry or business RETIRED

FATHER
12. Name GEO. W. POSTON
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name MARGARET NEVINS
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant GEO. N. POSTON
(b) Address 7365 LINDELL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ CALVARY

18. (a) Signature of funeral director L. Mullen
(b) Address 5145 Delmar Blvd

19. (a) OCT 15 1944 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 14 year 1944 hour 1.55 AM. minute M.

21. I hereby certify that I attended the deceased from Sept. 29 1944 to October 19 1944 that I last saw him alive on Oct. 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas. — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Portal obstruction with ascites.

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 (M. D. or other) M.D.

Address 812 Olive St. Date signed 10/14/44

(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 N. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.