

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15441

State File No. _____

FILED MAY 11 1950

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>7188</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn</u>		c. LENGTH OF STAY (in this place) <u>5</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn</u>		<u>1150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3928 Oakwood</u>				d. STREET ADDRESS (If rural, give location) <u>3928 Oakwood</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <u>Kate</u>		b. (Middle) <u>V.</u>		c. (Last) <u>Poston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1950.</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 14, 1888</u>			
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 4 HRS. Hours <u>23</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Formerly Laundry</u>			11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Charles Neader</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Fellers</u>		14. NAME OF HUSBAND OR WIFE <u>Wilson Poston</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Poston, 4000 Oakwood</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung Hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchogenic Carcinoma</u>						1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>11/2 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>11/2 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3-4</u> , 19 <u>49</u> , to <u>4-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>50</u> , and that death occurred at <u>4:00 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>L. R. Garner D.O.</u>				23b. ADDRESS <u>3724 Jennings Rd.</u>		23c. DATE SIGNED <u>5-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-9-50</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Douthett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>		ADDRESS <u>4828 Natural Bridge Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10 X 12 X 2 X 2 X 2
RICKLE 11:00 AM
0010100
3/1/24

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer _____

Signed John A. Menai

Licensed Embalmer No. 4186

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.