

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>68</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> <u>2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>St. Charles</u>	
b. CITY OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>St. Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>124 No. 5th St.</u>				e. STREET ADDRESS (If rural, give location) <u>124 No. 5th St.</u>				<u>0923</u>	
3. NAME OF DECEASED (Type or Print) <u>EDWARD</u>			a. (First) <u>H</u>		b. (Middle) <u>POSER</u>		c. (Last)		
4. DATE OF DEATH <u>March</u>		(Month) <u>11</u>		(Day) <u>1953</u>		(Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 31, 1871</u>		9. AGE (In years last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American Car Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Poser</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Dohmann</u>			14. NAME OF HUSBAND OR WIFE <u>Alwina Poser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>188-16-7390</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl Rohlfing, St. Charles, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>						INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>None</u>		(COUNTY)		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>None</u>		21f. HOW DID INJURY OCCUR? <u>None</u>					
22. I hereby certify that I attended the deceased from <u>February, 1950</u> , to <u>March 11, 1953</u> , that I last saw the deceased alive on <u>March 11, 1953</u> , and that death occurred at <u>8:00 p. m.</u> , from the causes and on the date stated above.									
SIGNATURE <u>Don Z. Randall M.D.</u>				(Degree or title)		23b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u>		23c. DATE SIGNED <u>March 11, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 11, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Charles, Missouri</u> (State)			
DATE REC'D BY LOCAL REG. <u>March 14 1953</u>		REGISTRAR'S SIGNATURE <u>Frankie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hutchinson Baw</u>		ADDRESS <u>St. Charles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1923  
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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 .....  
Signature of Student Embalmer

Signed *Clarence M. Bills* .....

Licensed Embalmer No. *4375* .....

P. O. Address *St. Charles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.