

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10891**
960

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 25 St. Louis City Hospt.				e. STREET ADDRESS (If rural, give location) 3225 Montgomery St.			
3. NAME OF DECEASED (Type or Print) a. (First) Merrill		b. (Middle) Edw.		c. (Last) Poser		4. DATE OF DEATH (Month) (Day) (Year) 1 28 57	
5. SEX 0 M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 9/14/1901	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Edw. Poser			13b. MOTHER'S MAIDEN NAME Minnie Trappiel			14. NAME OF HUSBAND OR WIFE Gladys (Buss) Poser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W. W. 1 492-09-7215		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Carl Szwargulski 7100 Paisley			
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) Brain Injury ANTECEDENT CAUSES Pulmonary Congestion Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cervical Fracture DUE TO Chamberlain when deceased fell II. OTHER SIGNIFICANT CONDITIONS Chamberlain when deceased fell Conditions contributing to the death but not related to the disease or condition causing death. Chamberlain when deceased fell				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION on Oct 16, 1956 at about 9:45 AM.		19b. MAJOR FINDINGS OF OPERATION 58 Rubbery Bleed.				20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 10 26 56 9 45		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Eggs 10 21			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree of Title) James M. Kelly 10 years				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1-30-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/31/57		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemet.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JAN 30 57		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert D. Kinealy 2228 St. Louis Av'			

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

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 *Wadley F. Koeller*.....

Licensed Embalmer No. *4950*

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