MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 16396

Registered No. 4285

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 4147 Washington St. ..... Ward)

2. FULL NAME Harry S. Post

(a) Residence. No. 4147 Washington St., 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susie Post.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 6-1874

7. AGE: Years 52 | Months 6 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lather
(b) General nature of industry, business, or establishment in which employed (or employer): Metallic
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Ga

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Unknown

14. INFORMANT: Susie Post.
(Address) 4147 Washington Av

15. MAY -6 1927 Filed ..... 19 ..... Maude Starkoff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 5 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to May 5, 1927, that I last saw him alive on May 5, 1927, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Mitral regurgitation 9 2/3 days under how long Lumbago (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): None (duration) ..... yrs. ..... mos. ..... ds.

TWO

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Murmur

(Signed) J. L. Sheets, M. D

5/6, 1927 (Address) 45-75 Christian

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Wick Mo — DATE OF BURIAL: May 7 1927

20. UNDERTAKER: Cauthorn Mud Co — ADDRESS: 4234 Manchester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.