

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

Do not use this space.

38485

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
1003
Primary Registration District No. *718-718 St*

File No.....
Registered No. *11103*
St. Ward)

2. FULL NAME

(a) Residence. No. St., *25* Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | *White* | *single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 13 1910*

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.
18 | *1* | *0*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... *Kentucky*
(STATE OR COUNTRY)

10. NAME OF FATHER *Samuel Postell*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... *Ky*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Blair Foster*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... *Ky*
(STATE OR COUNTRY)

14. INFORMANT *Mrs. Clara Reeves*
(Address) *718-718 St*

15. FILED *NOV 13 1928* *W. C. Standley*
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *11/13 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Nov. 1*, 19*28*, to *Nov 13*, 19*28* that I last saw *her* alive on *Nov 12*, 19*28*, and that death occurred, on the date stated above, at *2:27 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A

CONTRIBUTORY (SECONDARY) *31*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

20. WAS THERE AN AUTOPSY? *No*

21. WHAT TEST CONFIRMED DIAGNOSIS? *Sputum Test*

(Signed)..... *Otto C. Hauser*, M. D.

Nov 13, 1928 (Address) *2910 Chouteau*

*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

DATE OF BURIAL

hatterville Lee | *11-13 1928*

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly | *2039 Wash St*

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.

WHOLE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr. Otto Hansen

1801 Morgan St

10-11