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

FEB 23 1937

Do not use this space.

File No. 4409
Registered No. 3

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Jefferson Barracks (No. Veterans, Administration Facility St. Ward)
Registration District No. 1123
Primary Registration District No. 6-48 B

2. FULL NAME Coin POSTON
(a) Residence, No. 210 W. Loretta St., Ward. St. Louis County, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kn mos. own 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~~ Mrs. Rose Poston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1896

7. AGE: Years 40 | Months 2 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 69
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable
10. Date deceased last worked at this occupation (month and year) Unav.
11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desloge Missouri

FATHER
13. NAME William Poston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Missouri

MOTHER
15. MAIDEN NAME Emma Buckanon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Missouri

17. INFORMANT M. Schulig
(ADDRESS) Clinical Clerk, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Jan. 8, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED Jan 6, 1937 L. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1936, to January 5, 1937
I last saw him alive on January 5, 1937 Death is said to have occurred on the date stated above, at 8:27 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer, ruptured	Unkn.
Other contributory causes of importance:	
Peritonitis, acute, generalized	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Clinical manifestations, x-ray and laboratory findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. V. HUGHES, M.D., Chief Medical Officer
(Address) Vet. Adm. Fac., Jeff. Brks., Mo.

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.