NOV 15 1937

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

36473
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 10050
(c) City ST. LOUIS, MO. (d) Street No. 1129 N. 7TH 2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ARTHUR POPE POSTON
(a) Residence, No. 1129 N 7TH St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 25 - 1885
7. AGE: YEARS 52 MONTHS 5 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HAM BAKER
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) OCT 12 - 1937
11. Total time (years) spent in this occupation 8 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BONNE TERRE MISSOURI

FATHER
13. NAME MILTON POSTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME MARY MANN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) GROVER DAWSON GRANITE CITY, ILL
18. BURIAL, CREMATION, OR REMOVAL PLACE BONNE TERRE MO DATE OCT. 30, 1937
19. FUNERAL DIRECTOR (ADDRESS) ALBERT H. HOPPE INC 429 N. EUCLID AVENUE
20. FILED OCT 29 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 28, 1937
22. I HEREBY CERTIFY, That I attended deceased from 10-27-, 1937 to 10-27-, 1937
I last saw him alive on 10-27-, 1937 Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Date of onset
Other contributory causes of importance:
Lobuppe Acute
Name of operation none Date of none
What test confirmed diagnosis? ✓ Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) J. T. Edmonds M. D.
(Address) 1419 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Dr.

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

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.)