S. No. 2
1—1-4-41
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I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30490

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7829

1. PLACE OF DEATH

(a) County St Louis
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs (Specify whether
In this community 55 yrs. D (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis (If outside city or town limits, write "RURAL") 13 17
(d) Street No. 6600 Arsenal (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Andrew J. Post

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katie

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. (Month) 10 (Day) 1879 (Year)

8. AGE: Years 62 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace (City, town, or county) Wisc (State or foreign country)

10. Usual occupation Watchmaker

11. Industry or business

FATHER
12. Name Henry Post
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Medley
15. Birthplace (City, town, or county) St Louis (State or foreign country) Mo

16. (a) Informant Katie Post
(b) Address 317 Clark

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director by Miller
(b) Address 5041 Delmar

19. (a) SEP 30 1941 (Date received local registrar) (b) J. J. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1941 hour 9 15 minute P.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death

Due to Bronchopneumonia

Due to Arteriosclerosis
Suppurative Nephritis

Other conditions Splenomegaly
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature Thomas F. Callaman (M.D. or other)
Address Deputy Coroner Date signed 9/30/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Howard H. Rowland

Licensed Embalmer No. 3114

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.