

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 230

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Joseph 0  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 d, 2 a. (Specify whether years, months or days)

In this community 5 d, 2 a.

3. (a) PRINT FULL NAME Johanna Theresa Post

3. (b) If veteran, name war =

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White

(e) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased May 24 1921  
(Month) (Day) (Year)

8. AGE: Years 21 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Home Work.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Priscilla Post

13. Birthplace Wentzville, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Post

15. Birthplace O'Fallon, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Priscilla Post

(b) Address O'Fallon, Mo.

17. (a) Burial (b) Date thereof Dec 28 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dardene, Mo.

18. (a) Signature of funeral director Wentzville, Mo.

(b) Address \_\_\_\_\_

19. (a) Dec 27 - 1941 (b) blowen's. Wassen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles

(c) City or town Dardene, Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) /

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day Dec 26  
year 1941 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 21  
1941 to Dec 26 1941;  
that I last saw her alive on Dec 25 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

General Peritonitis 5 days

Due to Ac. Gastritis 6 days  
perforated appendicitis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 12/11

Major findings: Perforated appendicitis,  
Of operations General Peritonitis

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 0

23. Signature Kenneth A. Schmidt (M. D. or other) MD

Address St Charles, Mo Date signed Dec 27 - 41

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

**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

*P. E. Pitman*

Licensed Embalmer No. *2711*

P. O. Address

*Wentzville, Mo.*

**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.**