

S. No. 2  
OM-5-43  
v. 5-17-39  
P 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15493

State File No. \_\_\_\_\_  
Registrar's No. 4588

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
400 East Gano Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 39 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 400 East Gano Avenue  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rudolf Postler  
(b) If veteran, name war None  
(c) Social Security No. None  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Emma Postler  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 17, 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 22  
year 1945 hour 1 minute 20 A.M.  
21. I hereby certify that I attended the deceased from April 4, 1945 to May 23, 1945  
that I last saw him alive on May 22, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 1 Days 5  
If less than one day hr. min.

Immediate cause of death Chronic Myocarditis  
Due to Atherosclerosis  
Duration 4-1-44

9. Birthplace Germany  
(City, town, or county) (State or foreign country)  
10. Usual occupation Resturant Proprietor

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 93

11. Industry or business Edward Postler  
12. Name  
13. Birthplace Germany  
14. Maiden name Not Known  
15. Birthplace Germany

Of autopsy \_\_\_\_\_  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Emma Postler  
(b) Address 400 East Gano Avenue  
17. (a) Burial (b) Date thereof 5/25/45  
(c) Place: burial or cremation Friedens Cemetery  
18. (a) Signature of funeral director Math. Hermann & Son  
(b) Address 2161 East Fair Avenue  
19. (a) MAY 24 1945 (b) J. F. Bredend  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury  
23. Signature [Signature] (D. or other) 1110  
Address 3702 N. Grand St. Date signed 5-27-45

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 William G. Buchholz

Licensed Embalmer No. 2110 J

P. O. Address St. Louis, 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.**