S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2964

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 757

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5516 Itaska 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town University City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 7350 Lindell Ave 5 (If rural, give location)
N.R. 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John J. Poston
3. (b) If veteran, name war X
3. (c) Social Security No. 498-07-8039
4. Sex M O
5. Color or race W.
6. (a) Single, widowed, married, divorced D 7
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 24 (Day) 1909 (Year)

8. AGE: Years 38 Months 0 Days 29 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name Geo. W. Poston
13. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)
MOTHER
14. Maiden name Margaret Nevins
15. Birthplace St Louis (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Mr. J. H. Cinnater
(b) Address 5516 Itaska Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Louis H. Bopp Inc
(b) Address Kirkwood Mo
19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 23 year 1948 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from JANUARY 18, 1948, to JANUARY 23, 1948; that I last saw him alive on JANUARY 22, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CIRRHOSIS OF THE LIVER	2 YRS
Due to CHRONIC ALCOHOLISM	5 YRS
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature E. A. Barnicle (M. D. or other) DO.
Address 6661 ENRIGHT Date signed 1-23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) E.A.BARNICLE

WRITE PLAINLY—USING 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 Peter B. Dubouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights (17) 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.