

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7023

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Pattonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>St. Charles Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Parthinia</u> b. (Middle) <u>Owen</u> c. (Last) <u>Post</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>July 8, 1855</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXX</u>	9. AGE (In years last birthday) <u>93</u> if under 1 year: Months <u>6</u> Days <u>28</u> if under 12 hrs. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James G. Owen</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Huff</u>	14. NAME OF HUSBAND OR WIFE <u>William J. Post Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Hagerty Pattonville, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Left Ventricle Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4/200 93d</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>December, 1948</u> , to <u>Feb 5, 1949</u> , that I last saw the deceased alive on <u>Feb. 5, 1949</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. L. Randall M.D.</u>		23b. ADDRESS <u>207 N. 5th St. St. Charles Mo.</u>	23c. DATE SIGNED <u>Feb 5 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fort Worth</u>	24d. LOCATION (City, town, or county) (State) <u>Texas</u>
DATE REC'D BY LOCAL REG. <u>2-7-49</u>	REGISTRAR'S SIGNATURE <u>Harold L. Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Daumann Bros. Inc. 2504-Woodson Rd-Overland-14-Mo.</u>	

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

76000

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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed Oscar F. Mueller

Signed.....
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.