No. 300
10-48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 21546

BIRTH NO. JUL 15 1949 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5954

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 0
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 17
d. STREET ADDRESS (If rural, give location): 3400 S. Grand Blvd. 16

**3. NAME OF DECEASED** (Type or Print)
a. (First): Henry
b. (Middle): H
c. (Last): Post

**4. DATE OF DEATH** (Month) (Day) (Year): July 5, 1949

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: August 1, 1880
**9. AGE** (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Teamster (retired 10yrs)
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Bernard G. Post
**13b. MOTHER'S MAIDEN NAME**: Anna B. Held
**14. NAME OF HUSBAND OR WIFE**: Single

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Bernard S. Post 6347 Bancroft Ave.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Heat Exhaustion
DUE TO (c): Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): 930
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 4222

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1115A m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Patrick E. Myles 3
**23b. ADDRESS**: 1300 [illegible]
**23c. DATE SIGNED**: 7/7/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7/8/49
**24c. NAME OF CEMETERY OR CREMATORY**: SS. Peter and Paul
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: JUL 7 1949
**REGISTRAR'S SIGNATURE**: J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Gebken-Benz Mortuary 2842 Meramec St.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed Loron E. Percy

Signed _____
Student Embalmer

Licensed Embalmer No. J4094

P. O. Address 2942 Meramec St.
St. Louis, 18 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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