

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25480

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

BIRTH NO. _____		REG. DIST. NO. <u>1317</u>		PRIMARY REG. DIST. NO. <u>1063</u>		Registrar's No. <u>1685</u>				
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY <u>St. Louis</u>		a. STATE <u>Mo.</u>		b. CITY/TOWN <u>St. Louis</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital-D.O.</u>				d. STREET ADDRESS (If rural, give location) <u>7210 Dale Ave.</u>						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH							
a. (First) <u>Margaret Ann Postal</u>			b. (Middle)			c. (Last)				
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>				
8. DATE OF BIRTH <u>Aug. 21, 1932</u>			9. AGE (In years last birthday) <u>16</u>		10. MONTHS <u>10</u>		11. DAYS <u>25</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Girl</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>School girl</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William J. Postal</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret M. Ryan</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>Unknown</u>			17. INFORMANT'S SIGNATURE OR NAME <u>William J. Postal</u>			ADDRESS <u>7210 Dale Ave.</u>	
18. CAUSE OF DEATH								MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)								INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>compound comminuted fractures of skull-occupant of automobile which crashed into rear of loaded cattle truck on Highway 66, near Geyer Road, St. Louis County, Mo.</u>										
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.										
II. OTHER SIGNIFICANT CONDITIONS										
Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?				
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo. 64111</u>						
21d. TIME OF INJURY <u>7 16 49 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See above</u>						
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 _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Arnold J. Willmann</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>7/19/49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 19, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7-18-49</u>		REGISTRAR'S SIGNATURE <u>Harriet R. Landerberg</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>					
					ADDRESS <u>3840 Lindell Blvd</u>					

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lundeell

**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.