

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1951

State File No. 42707  
1003 Registrar's No. 11134

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>2119</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>4601-Easton Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Eva</u>	a. (First)	b. (Middle)	c. (Last) <u>Post</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 1950</u>
---	------------	-------------	--------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 26, 1878</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>78</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>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Brookfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	---

13a. FATHER'S NAME <u>Joseph Lambert</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur E. Post Decd.</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>Charles E. Post 3643-Isolda Av Overland, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <u>Cerebral apoplexy</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 type="checkbox"/>
------------------------	----------------------------------	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>33HX</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 220A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles E. Post</u>	(Deceased or title)	23b. ADDRESS <u>3643 Isolda</u>	23c. DATE SIGNED <u>12/24/50</u>
--	---------------------	------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-29-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Palmerville, Mo.</u>
--	--------------------------------	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>DEC 27 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. L...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baumgardner Brothers 2504-Woodson Rd-Overland-14-Mo.</u>
---	--	---

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 3454

working under my personal supervision.

Student Embalmer No.....

Signed

*David C. Gibson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3454

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.