No. 300
10.48

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

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7084

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 746

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 10days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN: 4346 University City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 7120 Princeton

3. NAME OF DECEASED (Type or Print)
a. (First): Leslie
b. (Middle): Caleb
c. (Last): Post

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 29, 1882
9. AGE (In years last birthday): 73yrs
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): Retired Vice Pres. St.
10b. KIND OF BUSINESS OR INDUSTRY: Louis Union Tr. Co.
11. BIRTHPLACE (City and State or Foreign Country): Jerseyville, Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elmer E. Post
13b. MOTHER'S MAIDEN NAME: Fannie Birkenmayer
14. NAME OF HUSBAND OR WIFE: Margaret Darragh Post

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494-01-1990
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mr. Elmer E. Post 9878 Valley Dr.

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) Cerebral vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral vascular arteriosclerotic — 2 years.
DUE TO (c) Hypertensive heart dis- — 5-10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old Coronary occlusion — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 443X ~~331X~~
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1935, 19___, *to* 1.22.56, 19___, *that I last saw the deceased alive on* 1.21.56, 19___, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 5427 Delmar
23c. DATE SIGNED: 1.23.56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 24, 1956
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: JAN 23 1956
REGISTRAR'S SIGNATURE: [signature] mgB
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: [signature] Mt Alexander Sons 6175 Delmar
(Licensed Embalmer's Statement on Reverse Side)

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off 12, 20

FEB 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Jas. E. McCulloh

Licensed Embalmer No. 246

P. O. Address 6175 Pe

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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