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FILED APR 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10300

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'Fallon
c. LENGTH OF STAY (in this place): 3½ mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'Fallon
d. STREET ADDRESS (If rural, give location): 5111-S-West

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

4. DATE OF DEATH (Month) (Day) (Year): May 23 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7-1917
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months: 10 Days: 16 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Production Worker
10b. KIND OF BUSINESS OR INDUSTRY: McDonnell Air Craft
11. BIRTHPLACE (City and State or Foreign Country): O'Fallon Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Post
13b. MOTHER'S MAIDEN NAME: Anna Fischer
14. NAME OF HUSBAND OR WIFE: Irene Post

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 2.
16. SOCIAL SECURITY NO.: 500-18-5853
17. INFORMANT'S SIGNATURE OR NAME: Anthony Post — **ADDRESS**: O'Fallon Mo

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) Coronary artery disease with occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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: 4201
20. AUTOPSY? YES [X] 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 _____, 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: Wm R Roberts
(Degree or title): M.D.
23b. ADDRESS: 3714 Washington St Louis, Mo
23c. DATE SIGNED: 3/24/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 27-56
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Immaculate Conception
24d. LOCATION (City, town, or county) (State): Dardenne, Mo.

DATE REC'D BY LOCAL REG.: March 28 1956
REGISTRAR'S SIGNATURE: E a Keithey
25. FUNERAL DIRECTOR'S SIGNATURE: Carlton J. Pitman
ADDRESS: Wentzville

(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1956

APR 25 1956

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.

Student _____
Student Embalmer

Signed Carlton G. Pilman

Licensed Embalmer No. 4974

P. O. Address Wentzville, Mo.

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

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