

REC'D APR 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11427
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 5-47
(b) Township Marion Primary Registration District No. 3029
(c) City Hannibal (d) Street No. 503 N. Third Registered No. 66
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Shedrick Post 230
(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Post

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 5 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Mo

FATHER 13. NAME Peter Post

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Alma B. Pelcke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Lillie Post Hannibal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke Cemetery DATE 2-21-1938

19. FUNERAL DIRECTOR (ADDRESS) Jesse Powell Hannibal Mo

20. FILED March 1, 1938 A. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-19-1938

22. I HEREBY CERTIFY, That I attended deceased from May 1935, to Feb 19 1938
I last saw him alive on Feb 19 1938 Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:

Right Sides pneumonia Date of onset Feb 19, 38

Other contributory causes of importance: 10
Cerebral hemorrhage
Sept. Hemorrhage

Name of operation None Date of None
What test confirmed diagnosis? Chisel Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) R. W. Murphy, M. D.
(Address) Hannibal Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.

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.)