

FILED MAR 27 1944

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L 1003

Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3948a Utah Str /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life,
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3948a Utah,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Adolph Post,

3. (b) If veteran, name war No

3. (c) Social Security No. 494-01-0158

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adele M. 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February 21, 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 25 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Streetcar motorman

11. Industry or business St. Louis Pub Service

MOTHER FATHER { 12. Name Bernard Post,
13. Birthplace Europe (City, town, or county) (State or foreign country)
14. Maiden name Anna Held
15. Birthplace Europe (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adele M. Post,

(b) Address 3948a Utah Str

17. (a) Burial (b) Date thereof 3/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa

19. (a) MAR 18 1944 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1944 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Thrombosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature James J. Ferguson (M.D. or other) 3/18/44
Address 1300 6 Ave Date signed _____

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

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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.....

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

Signed.....

J. W. Wilkinson

Licensed Embalmer No..... *3575*

P. O. Address.....

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.