

No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15917  
Registrar's No. 999

FILED MAY 8 1947

Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
9051-Burton Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3-Years- years, months or days)

3. (a) PRINT FULL NAME Walter E. Post

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced. M

6. (b) Name of husband or wife Mary Dean

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Aug 21 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>12</u>	hr. _____ min.

9. Birthplace Pattonville Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Erastus Post

13. Birthplace Pattonville Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ardelia Whitford

15. Birthplace Pattonville Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Dean Post

(b) Address 9051-Burton Ave-Overland-14-Mo.

17. (a) Burial (b) Date thereof 5-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery Baumann Bros

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 5-6-47 (b) Gene J. Stambaugh  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 13  
(If outside city or town limits, write "RURAE")

(d) Street No. 9051-Burton Avenue 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1947 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 19 1944 to May 3 1947

that I last saw him alive on May 3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_

Due to Hypertension 2 yrs.

Due to 940

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

(c) 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

Signature G. J. Snyder (M.D. or other)

Address 2573 Woodson Date signed May 3

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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..... *Don Marler* .....  
Licensed Embalmer No. *4430* .....  
P. O. Address..... *Crowland, 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.**