

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40972

State File No. _____

FILED DEC -2-1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2975

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson Jennings		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <u>2219</u>	
c. LENGTH OF STAY (in this place) 4 mo.		d. STREET ADDRESS (If rural, give location) 2930 Delmar	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Halls Ferry Memorial Home			

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) W. c. (Last) Postlethwaite			4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widower	
8. DATE OF BIRTH March 26, 1881		9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	
10b. KIND OF BUSINESS OR INDUSTRY Medart Co		11. BIRTHPLACE (City and State or Foreign Country) Litchfield, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John R. Postlethwaite		13b. MOTHER'S MAIDEN NAME Maria Wallwork		14. NAME OF HUSBAND OR WIFE Mae	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-05-1105a		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie Oehler, 2930 Delmar	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial			INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Arteriosclerotic Cardio-vascular disease			unknown
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c) Cerebral thrombosis			6 months

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Aug 8, 1952 to Nov 11, 1952, that I last saw the deceased alive on Nov 11, 1952, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Littmann MD		23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 11/12/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-13-52		24c. NAME OF CEMETERY OR CREMATORY Lakewood		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
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DATE REC'D BY LOCAL REG. 11-12-52		REGISTRAR'S SIGNATURE Hubert R. Drake-M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd	
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P.T. (Licensed Embalmer's Signature on Reverse Side)

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

4009

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

Paul J. Garner

Licensed Embalmer No. 4788

P. O. Address St. Louis 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.