

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42515

11060

FILED JAN 6 1956

State File No.

Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>			c. LENGTH OF STAY (in this place) _____			c. CITY OR TOWN <u>St. Louis,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3725 Virginia Ave.,</u>				e. STREET ADDRESS (If rural, give location) <u>3725 Virginia Ave.,</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>H.</u>			c. (Last) <u>Post,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 16, 1955</u>		
5. SEX <u>Male.</u>		6. COLOR OR RACE <u>White,</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married,</u>		8. DATE OF BIRTH <u>June 26, 1878</u>		9. AGE (In years last birthday) <u>77</u>			
If UNDER 1 YEAR Months _____ Days _____		If UNDER 1 YEAR Months _____ Days _____		If UNDER 1 YEAR Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior Decorator</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 7 Yrs.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Bernard Post,</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Held,</u>			14. NAME OF HUSBAND OR WIFE <u>Pauline Post,</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>492-40-3696</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Post, 3725 Virginia Ave.,</u>				ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>May 2-55,</u>	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Hypertensive Cardio Vas. Dis.</u>							
				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 <u>443x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <u>May 2, 1955,</u> to <u>Dec 16, 1955,</u> that I last saw the deceased alive on <u>Dec 10, 1955,</u> and that death occurred at <u>12:15P.m.,</u> from the causes and on the date stated above.											
23a. SIGNATURE <u>Albert J. Mofel</u> (Degree or title) _____					23b. ADDRESS <u>2739 No Grand Bl.</u>			23c. DATE SIGNED <u>12-17-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal,</u>		24b. DATE <u>12/19/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery,</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>DEC 19 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary,</u> ADDRESS <u>2842 Meramec St., St. Louis, 18, Mo.</u>						

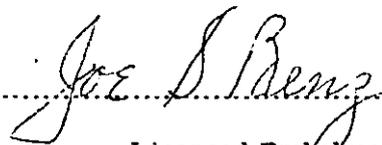
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No... 4249.
2842 Meramec St.
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.