URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-037965

STATE FILE NUMBER

FILED VS OCT 1 9 1959

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8853

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 16 Days

c. CITY OR TOWN University City — Inside Limits: Yes # No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital — Inside Limits: Yes # No ☐

d. STREET ADDRESS (If outside, give location) 6600 Washington — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First Mary — Middle Dean — Last Post

4. DATE OF DEATH: Month Sept. Day 23, Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed # Divorced ☐

8. DATE OF BIRTH: 11)5)1878

9. AGE (last birthday): 80

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Danby Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jefferson R. Griffin

13b. MOTHER'S MAIDEN NAME: Christana Fight

14. NAME OF HUSBAND OR WIFE: The Late Walter E. Post

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Edward E. Griffin, Festus — Address: , Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Brain Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease — years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Hemorrhage 6 Paralysis since Sept

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1954, to death and last saw her alive on 23 Sept 1959

Death occurred at 5:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul R. Whitener M.D.

22b. ADDRESS: 2403 Brown Rd. St. Louis (14) Mo

22c. DATE SIGNED: 25 Sept 59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9)26)59

23c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Collier Mortuary, St. Ann, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.: SEP 25 '59

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Sheldon Colli

Signature of Student Embalmer

Licensed Embalmer No. 3382

P. O. Address St. Ann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.