

318 1003

6342-61-023054

STATE FILE NUMBER

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED JUL 13 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | Length of stay in 1b<br><b>11 yrs</b>   | c. CITY OR TOWN <b>St. Louis</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>4114 St. Louis</b>   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Jack</b> Middle Last <b>Post</b>   |   | 4. DATE OF DEATH<br>Month <b>7</b> Day <b>5</b> Year <b>61</b>  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-16-1904</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Foundry</b>   | 9. AGE (last birthday)<br><b>56</b>  |
| 13a. FATHER'S NAME<br><b>Jack Post</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Laura Roston</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Arkansas</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Anna L. Post</b>  |  |
| 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br>Address<br><b>Anna L. Post 4114a St. Louis Ave.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b>  |
| DUE TO (b) <b>Arteriosclerosis</b>   |   |   |  |
| DUE TO (c) <b>332*</b>   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour . . . . . Month, Day, Year<br>a.m. . . . .<br>p.m. . . . .   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 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 <b>6-19-61</b> to <b>7-5-61</b> and last saw her/him alive on <b>7-5-61</b><br>Death occurred at <b>11:20 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>Sydney A. Fraser</i>  |   | 22b. ADDRESS<br><b>2601N. Whittier</b>  | 22c. DATE SIGNED<br><b>7-6-61</b>  |
| 23b. DATE<br><b>7-10-1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park</b>  | 23d. LOCATION (City, town, or county)<br><b>St. Louis Co</b>  | (State)<br><b>Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>JAS. H. RANDLE &amp; SON</b><br>ADDRESS<br><b>3133 Bell Ave.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 8 1961</b>   | 26. REGISTRAR'S SIGNATURE<br><i>Loal Smith, M.D.</i>   |

**a. 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 *Ester K. Harris*

Licensed Embalmer No. 4458

P. O. Address 418 / Wash

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.