

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9141
2624
Registrar's No. _____

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 11 mo. 25 days
76 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eliza Manshardt

3. (b) If veteran, name war _____ 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 9.0 Months 9 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature J. B. Sullivan
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-40 (Month) (Day) (Year)

(c) Place: burial or cremation Spirit Burial Park

18. (a) Signature of funeral director Selma Adams
(b) Address 3013 Meunier

19. (a) MAR 20 1940 (Date received local registrar) (b) J. B. Sullivan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Unknown years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20
year 1940 hour 5:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from Mar. 24, 1938, to Mar. 20, 1940, that I last saw her alive on Mar. 20, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Progressive heart disease Duration _____

Due to arteriosclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations None Of autopsy None PHYSICIAN _____ Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) 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) _____ Means of injury _____
23. Signature James T. Murphy (M. D. or other) _____
Address 5800 Arsenal St. Date signed 3-20-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 _____

Gay J. Desaulniers

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Gay J. Desaulniers

Licensed Embalmer No. 2906

P. O. Address 3015 Meram

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, above space should be left blank.