

Registration District No. **784**

Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **St. Louis County**  
(b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Veterans Administration Facility** **3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Admitted 9/3/40.**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2627 Cherokee Street.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **20th**  
year **1940** hour **2:00** minute **A.M.**

21. I hereby certify that I attended the deceased from  
**September 3,** 19 **40**, to **September 20,** 19 **40**  
that I last saw h **im** alive on **September 20,** 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Generalized arteriosclerosis with**  
**cerebral involvement, psychosis**  
Due to **and right hemiplegia.** **unkn.**

Due to \_\_\_\_\_  
Other conditions **None.**  
(Include pregnancy within 3 months of death)

Major findings: **No operation.**  
Of operations \_\_\_\_\_  
Of autopsy **No autopsy.**

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) **no**  
(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)  
(e) Means of injury \_\_\_\_\_  
23. Signature **C. W. HUGHES, M.D.,** (M. D. or other) \_\_\_\_\_  
Address **Chief Medical Officer** Date signed **9/20/40**

3. (a) PRINT FULL NAME **Richard Manthel**

3. (b) If veteran, name war **World War** 3. (c) Social Security No. **493-01-6654**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edna** 6. (c) Age of husband or wife if alive **46 -** years

7. Birth date of deceased **October 1, 1889**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **11** Days **19** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Grocery Clerk**

11. Industry or business \_\_\_\_\_

12. Name **Unavailable**

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

14. Maiden name **Unavailable**

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

16. (a) Informant **M. Schilling**

(b) Address **Clinical Clerk, VAF, Jeff. Bk., Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 24, 1940.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park.**

18. (a) Signature of funeral director **Ziegenhain Bros.**

(b) Address **2627 Cherokee Street.**

19. (a) **SEP 23 1940** (b) **C. W. Hughes, M.D.**  
(Date received local registrar) (Registrar's signature)

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

2.40  
39  
22

6 1945

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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.