

FILED OCT 25 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Harietta M. Mansur

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Edward E. Mansur 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 11, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 6 hr. min.

9. Birthplace Jonesboro Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Allison Cover

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

14. Maiden name Marie

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

16. (a) Informant Dr. E. E. Mansur

(b) Address Jefferson City, Missouri,

17. (a) Burial (b) Date thereof Oct 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Grove Mo.

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) OCT 18 1945 J. J. Bredesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City -3
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington Avenue
(If rural, give location) NR 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17, 1945
year 11 hour 00 minute P M.

21. I hereby certify that I attended the deceased from July 1945 to Oct 17 1945
that I last saw him alive on Oct 17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of sigmoid (Not known about 1944)
myocarditis chronic ?
arteriosclerosis ?
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) NO

Major findings: Carcinoma of sigmoid
Of operations _____
Of 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) _____
(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 Paul Brown Beck M. D. or other? MD
Address 577 Grand MO Date signed Oct 18/45

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

00
17
9

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 *John Agorowski*
Licensed Embalmer No. *3398*
P. O. Address.....

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.