

FILED OCT 4 3 1948

6076

2123

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sarah Berliner Nursing Home, 10400 Page.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5540 Pershing
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10,
year 1948 hour 3: minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-9-48
1948 to 9-10-48 1948;
that I last saw him alive on 9-10-48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Complete heart block (Coronary Stent Still Moderate Stenosis Disease) Duration 10 min.
Due to arteriosclerotic heart disease 20 yrs
Due to Generalized arteriosclerosis 20 yrs

Other conditions senility
(include pregnancy within 3 months of death) 93d

Major findings:
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 _____

3. (a) PRINT FULL NAME Phebe F. Mangrum

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

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Henry J. Mangrum, Dec.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 8 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 2 _____ hr. _____ min.

9. Birthplace Mammoth, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Forgus Graham
13. Birthplace Ills.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Baldwin
15. Birthplace Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jessie Mangrum
(b) Address 5540 Pershing
17. (a) removal (b) Date thereof 9-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bryant, Ills.

18. (a) Signature of funeral director Alexander Long
(b) Address 6175 Delmar
19. (a) 9-12-48 (b) Geal a J Shapp
(Date received local registrar) (Registrar's signature)

23. Signature J. P. Fath Jr. (M. D. or other) MD
Address St. Charles Mo Date signed 9-11-48

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

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 *Jose E. McCulloh*
Licensed Embalmer No. *2460*
P. O. Address *6175 Delmar*

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.