S. No. 300
. 10.48

FILED JUL 25 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25093

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6134

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Res. 5370 Vernon Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 17
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5370 Vernon Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): VIRGINIA
b. (Middle): WRIGHT
c. (Last): MANLEY

**4. DATE OF DEATH** (Month) (Day) (Year): July 12, 1949

**5. SEX**: F.
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: March 31, 1862
**9. AGE** (In years last birthday): 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: ----
**11. BIRTHPLACE** (State or foreign country): Montgomery Co. / Ill.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Harris Wright
**13b. MOTHER'S MAIDEN NAME**: Mary Moores
**14. NAME OF HUSBAND OR WIFE**: Leo Manley

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
**16. SOCIAL SECURITY NO.**: ----
**17. INFORMANT'S SIGNATURE OR NAME**: Merle Manley — **ADDRESS**: 5370 Vernon Ave.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio sclerosis — several years
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: 97
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Apr. 7, 1944, to July 12, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 7 a m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title): Stanford Phillips M.D.
**23b. ADDRESS**: 1117 N. Union St Louis Mo.
**23c. DATE SIGNED**: 7-12-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: July 12, 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Shilo
**24d. LOCATION** (City, town, or county) (State): East Fork Twshp, Ill.

DATE REC'D BY LOCAL REG. JUL 1 1949
REGISTRAR'S SIGNATURE: J B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** (Licensed Embalmer's Statement on Reverse Side): Alexander & Sons
**ADDRESS**: 6175 Delmar

WRITE PLAINLY—USING 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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed No Embalming

Licensed Embalmer No. _____

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.