

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31989

318

1003

State File No. 8412

8412

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Crystal City 50	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) NR-1011 Burgess	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's			

3. NAME OF DECEASED (Type or Print) a. (First) Arch b. (Middle) H. c. (Last) Manley			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1949		
--	--	--	---	--	--

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 4, 1897		9. AGE (In years last birthday) 52 2 26		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
----------------	--	---------------------------	--	---	--	----------------------------------	--	---	--	--	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Meat-Sales			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
---	--	--	---	--	--	---	--	--	--	--	--

13a. FATHER'S NAME John Manley			13b. MOTHER'S MAIDEN NAME Elizabeth Williams			14. NAME OF HUSBAND OR WIFE Alvina Manley		
-----------------------------------	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 488-129770		17. INFORMANT'S SIGNATURE OR NAME Mrs. Arch Manley		ADDRESS Crystal City, Mo.	
---	--	---------------------------------------	--	---	--	------------------------------	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism Fracture of Patella Sodium Pentothal following injury sustained in an automobile accident on Highway #61 near Bonne Terre Mo du May of 1947 cause and manner undetermined.				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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 Accident			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	--	--	--	---	--

21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) Near Bonne Terre Mo 111	
-------------------------------------	--	---	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 47 m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H65X	
--	--	--	--	--	------------------------------------	--

22. I hereby certify that I attended the deceased from 19__ to 19__, that I last saw the deceased alive on 19__, and that death occurred at 9:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quinn, Deputy Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/1/49	
---	--	----------------------------	--	-----------------------------	--

24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE October 4, 1949		24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Crystal City Mo.	
--	--	------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. OCT 1 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Polite		ADDRESS Crystal City, Mo.	
--	--	--	--	--	--	------------------------------	--

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

NOV 9 1949

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 Gentry R. Talbot

Licensed Embalmer No. 3481

P. O. Address Crystal City, Va

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.