

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21787  
State File No. 5671  
Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059	
3. NAME OF DECEASED (Type or Print) NELLIE		f. STREET ADDRESS (If rural, give location) 0 280 N. Skinker	
a. (First)		b. (Middle)	
c. (Last) MANEWAL		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 14, 1882
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME August Will	
13b. MOTHER'S MAIDEN NAME Mathilda Konescki		14. NAME OF HUSBAND OR WIFE Gustav Manewal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. H.F. Gutgesell, R.R. #1		ADDRESS St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalize carcinomatous ANTECEDENT CAUSES (b) Carcinoma sigmoid Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: (from cause) Pyelonephritis 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 153X		22. I hereby certify that I attended the deceased from 4-22-50, 19, to 6-25-50, 19, that I last saw the deceased alive on 6-25-50, 19, and that death occurred at 11 A.M., from the causes and on the date stated above.	
23a. SIGNATURE J.P. Reddick D.M.D. (Degree or title)		23b. ADDRESS 607 N. Grand, St. Louis 3, Mo.	
23c. DATE SIGNED 6-26-50		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6/23/50		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. 6/30/1950	
REGISTRAR'S SIGNATURE J.B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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  Felix Durand

Licensed Embalmer No. 3034

P. O. Address Winkwood 22M

**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.