

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43215

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2965					
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				ST. COUNTY Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robertson		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robertson		407A					
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt #2 Box 497				d. STREET ADDRESS (If rural, give location) Rt. #2 Box 497				0			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur E. Mandeville			b. (Middle)			c. (Last)					
4. DATE OF DEATH 12/7/50			5. SEX Male			6. COLOR OR RACE White					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH June 19, 1934			9. AGE (In years last birthday) 16		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School Student			10b. KIND OF BUSINESS OR INDUSTRY School			11. BIRTHPLACE (State or foreign country) Jacksonville Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John S. Mandeville			13b. MOTHER'S MAIDEN NAME Gertrude Kunle			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME John S. Mandeville, Robertson Mo.			ADDRESS		
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) drowning - fall in pond while testing ice.						INTERVAL BETWEEN ONSET AND DEATH		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)						E9-291 42		
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) Accident			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm			21c. (CITY, TOWN, OR TOWNSHIP) Robertson, St. Louis, Mo.			21d. (COUNTY) (STATE)		
21d. TIME OF INJURY 12 8 50 P.m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? see above			400 9291.		
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 _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Arnold J. Willmann, 3 Coronor				23b. ADDRESS Clayton, Mo.				23c. DATE SIGNED 12/9/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/11/50		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) Bridgeton		(State) Mo.			
DATE REC'D BY LOCAL REG. 12/9/50		REGISTRAR'S SIGNATURE Herbert R. Tombe, M.D.		F B FUNERAL DIRECTOR'S SIGNATURE Collins Funeral Home		ADDRESS 10103 St. Char. Rd.					

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Sheldon Collier*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. Rd.

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.