

5. No. 300
V. 10.48

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4059

State File No.

0164
1

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>South Main St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fritz</u>		c. (Last) <u>Manner</u>	
b. (Middle) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>Oct. 4 1894</u>
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WEEK Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Dont Know</u>	
13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Manner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-34-5696</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Manner</u>		ADDRESS <u>Perryville Mo.</u>	
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>infection (Pulmonary embolism?)</u>			
DUE TO (c) <u>Carcinoma, Colon Sigmoid</u>			<u>6 days</u>
II. OTHER SIGNIFICANT CONDITIONS			<u>153X</u>
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>2-9-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Extensive Carcinoma Recto Sigmoid</u>		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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>2-6</u> , 19 <u>51</u> , to <u>2-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-15</u> , 19 <u>51</u> , and that death occurred at <u>10:40</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Hall</u> (Degree or title) <u>D.M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>2-19-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 18 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-20-1951</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons</u>	ADDRESS <u>Perryville Mo.</u>

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

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No.

File No.....

MAY 7 1951

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.....
Student Embalmer

Signed... *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville mo*

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.