

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1951

State File No. 24974
6394
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH a. COUNTY 0 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis 2259 | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) Milner Hotel-18th & Washington | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | |

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|--|----------------|------------------|---------------------------------------|--|------|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | |
| a. (First) Donald | b. (Middle) R. | c. (Last) Manker | July 15, | | 1951 | |

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|-------------|------------------------|--|---------------------------------|------------------------------------|------------------------|-----------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Sept. 19, 1932 | 9. AGE (In years last birthday) 18 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|-------------|------------------------|--|---------------------------------|------------------------------------|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Irvin H. Manker | 13b. MOTHER'S MAIDEN NAME Ella Hartmann | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-34-0028 | 17. INFORMANT'S SIGNATURE OR NAME Ella Conway, 4921 Parkview | ADDRESS |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* basis of card Dislocation of cervical vertebra suffered when deceased was injured when car operated by Dr. O. P. Ditchard. Spinal cord went out of control. | | |
| II. OTHER SIGNIFICANT CONDITIONS Route 94 (0.3 south Dulles) St Charles Cnty about 7:45 pm | | | |

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| 19a. DATE OF OPERATION June 22 1951 | 19b. MAJOR FINDINGS OF OPERATION Accident 092 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|----------------------------------|---|--|
| 21a. ACCIDENT (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Auto | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Charles Cnty Mo |
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|--|--|---------------------------------|
| 21d. TIME (Month) (Day) (Year) (Hour) (Minute) June 22 5: 7:45 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 8534 |
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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 4:30 p.m., from the causes and on the date stated above. 32

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| 23a. SIGNATURE (Degree or title) Patricia Taylor Coronel | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 7/17/51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY St. John's | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| DATE REC'D BY LOCAL REG. Jul 1 7:40 | REGISTRAR'S SIGNATURE J. B. Furrer | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd |
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(Licensed Embalmer's Statement on Reverse Side)

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

2600

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 *James Bentley*
Licensed Embalmer No. *365*

P. O. Address *St Louis 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.