

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35991

State File No.

XC- 11 948 99
Reg. No. ~~96949~~ 23 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3396

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>2239</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN JEFFERSON BARRACKS, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>17 days</u>		d. STREET ADDRESS (If rural, give location) <u>910 CARROLL STREET</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>L.</u> c. (Last) <u>MANUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-9-51</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-26-88</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>ANNA, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>TILLMAN MANUS</u>	13b. MOTHER'S MAIDEN NAME <u>MARGIE BARTLET</u>	14. NAME OF HUSBAND OR WIFE <u>MAY MANUS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWI</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL VESSEL THROMBOSIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS-GENERALIZED</u> DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 9-22-51, 1951, to 10-9-51, 1951, and that death occurred at 10:10 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Stowell</u> (Degree of title) <u>M.D.</u>	23b. ADDRESS <u>VA HOSPITAL, JEFF. BRKS, MO.</u>	23c. DATE SIGNED <u>10-9-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-11-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Kombe MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MCLAUGHLIN</u> ADDRESS <u>2301 Lafayette, St. Louis, Mo.</u>
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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 *L. R. Craper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.