

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40128

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3644

1. PLACE OF DEATH a. COUNTY <u>StLouis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>9120</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hts</u>		c. LENGTH OF STAY (In this place) <u>2 MO</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Murphysbrp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>StMarys Hospitak</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>Robert</u>			a. (First)	b. (Middle)	c. (Last) <u>Mann</u>
4. DATE OF DEATH (Month) <u>11</u> (Day) <u>6</u> (Year) <u>1951</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-10-1858</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Buyer</u>	11. BIRTHPLACE (State or foreign country) <u>Rockwood Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Kuther Mann</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Baldrige</u>	14. NAME OF HUSBAND OR WIFE <u>Anna</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Mann</u> ADDRESS <u>3521 Bingham</u>		
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* (a) <u>arterio-sclerotic heart disease with congestive heart failure</u>		ANTECEDENT CAUSES DUE TO (b) <u>A Fractured lumbar vertebrae</u>			<u>?</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Prostatic hypertrophy & urinary retention</u>			<u>3 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>?</u>
19a. DATE OF OPERATION <u>10/30/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic resection (transurethral)</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>6</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>69040</u>			
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? <u>21</u>			
22. I hereby certify that I attended the deceased from <u>9/10</u> , 19 <u>51</u> , to <u>11/6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/6</u> , 19 <u>51</u> , and that death occurred at <u>6:00 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Thomas C. Brodbeck M.D.</u> (Degree or title)		23b. ADDRESS <u>4660 Maryland</u>		23c. DATE SIGNED <u>11/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-9-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>?</u>	24d. LOCATION (City, town, or county) (State) <u>Murphysboro Ill</u>		
DATE REC'D BY LOCAL REG. <u>11-9-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Wankemo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>4104 Manchester Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

J C Randall
Tom Parker

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

Ben E. Hoff

Licensed Embalmer No. *4366*

P. O. Address *Tom Parker*

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.