

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40129

State File No.

FILED DEC 8- 1951

BIRTH NO.		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>3726</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> c. LENGTH OF STAY (in this place) <u>3 wks.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>2169</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>4579 Forest Park Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>A.</u> c. (Last) <u>Manning</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1951</u>		5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>Dec. 8, 1861</u>		9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR Days <u>11</u> Hours <u>9</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Haren</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Scherer</u>		14. NAME OF HUSBAND OR WIFE <u>John R. Manning</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Charles H. Manning, 4579 Forest Park Blvd.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES <u>Perforation of caecum</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension Cardiovascular</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>3 weeks</u>			
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)		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>Oct 28</u> , 19 <u>51</u> , to <u>Nov 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 17</u> , 19 <u>51</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. Kleinschmidt M.D.</u>		(Degree or title)		23b. ADDRESS <u>508 N. Grand Ave</u>		23c. DATE SIGNED <u>11/18/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-18-51</u>		REGISTRAR'S SIGNATURE <u>Arthur P. Donnelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur P. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 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.