0.300
0.48

FILED JAN 3- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42626

State File No.

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6028 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Reynolds	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Lesterville c. LENGTH OF STAY (in this place) 10 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Lesterville 0900
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2½ miles East of Lesterville	d. STREET ADDRESS (If rural, give location) 2½ mi. Eest of Lesterville

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle)	c. (Last) Maneke	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct.20, 1884	9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 1 Days 13 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shipping clerk	10b. KIND OF BUSINESS OR INDUSTRY shoe factory	11. BIRTHPLACE (State or foreign country) St.Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Maneke	13b. MOTHER'S MAIDEN NAME Catherine Blase	14. NAME OF HUSBAND OR WIFE Emily Maneke		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs.Erma Parnas, 5722 Tholozan, St.Louis, Mo.	ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Deficency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Spasmodic Bronchial
DUE TO (c) Asthma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 241X	20. AUTOPSY? YES ☐ NO ☐
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) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Saw him, 19 but to did not 19 ___, *that I last saw the deceased alive on* after him, 19 ___, *and that death occurred at* 5:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE C. M. Fitzpatrick (Degree or title) M.D.	23b. ADDRESS Lesterville Mo	23c. DATE SIGNED 12/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE Dec.12,51	24c. NAME OF CEMETERY OR CREMATORY St.Louis Crematory	24d. LOCATION (City, town, or county) (State) St.Louis, Missouri
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE C. M. Fitzpatrick 275	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home O. J. White	ADDRESS Ironton, Mo.

(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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Ironton, 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.