

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6604

State File No.

FILED MAR 5 1952

318

1003

1587

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI		a. STATE Illinois b. COUNTY Brown	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Mt. Sterling	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print)	a. (First) WALTER	b. (Middle) I.	c. (Last) MANNY	4. DATE OF DEATH (Month) (Day) (Year)
				2 18 52

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14, 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney	10b. KIND OF BUSINESS OR INDUSTRY Law	11. BIRTHPLACE (State or foreign country) Timewell, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	---	--

13a. FATHER'S NAME Hugh Manny	13b. MOTHER'S MAIDEN NAME Mary Jane Soggan	14. NAME OF HUSBAND OR WIFE Eleanor
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Eleanor Manny, Mt. Sterling, Ill.	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, ashenia, 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) CARCINOMA OF BLADDER WITH METASTASIS TO		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CONGESTIVE HEART FAILURE			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 181X
--	--	--

22. I hereby certify that I attended the deceased from 2/11, 1952, to 2/18, 1952, that I last saw the deceased alive on 2/18, 1952, and that death occurred at 10:30P m., from the causes and on the date stated above.

23a. SIGNATURE FR Bradley (Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 2/19/52
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-19-52	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Mt. Sterling, Ill.
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. FEB 19 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
---	---	---	--------------------------------------

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 _____

Licensed Embalmer No. 3653

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.