

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11471**
Registrar's No. **530**

XC 15 168 428
Reg.# 98577
FILED MAR 18 1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **6076** Registrar's No. **530**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HERCULANEUM	
c. LENGTH OF STAY (in this place) 82		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) HARRY	b. (Middle) M.	c. (Last) MANNING	4. DATE OF DEATH (Month) (Day) (Year) 2-25-52
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-8-92	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LEAD WORKER	10b. KIND OF BUSINESS OR INDUSTRY LEAD MILL	11. BIRTHPLACE (State or foreign country) BONNE TERRE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOSEPH MANNING	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE RACHEL MANNING
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS, MO.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALOMALACIA OF RT. CEREBRAL HEMISPHERE		
	ANTECEDENT CAUSES DUE TO (b) THROMBOSIS RT. MIDDLE CEREBRAL ARTERY 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 33yx	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) VA	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 **12-5**, 19 **51**, to **2-25**, 19 **52**, ~~that I had seen the deceased~~ ~~XXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~, and that death occurred at **12:00 Noon** from the causes and on the date stated above.

23. SIGNATURE	(Degree or title) M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BKS, MO.	23c. DATE SIGNED 2/25/52
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-28-52	24c. NAME OF CEMETERY OR CREMATORY NAT'L CEM.	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO
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DATE REC'D BY LOCAL REG. 2-27-52	REGISTRAR'S SIGNATURE Herbert R. Danaher, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Georges C. Politto, Crystal City, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

211 81 607

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 Georg P. Politte

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.