

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37277

Reg. # 105302

OCT 29 1952

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 2641

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN JEFFERSON BARRACKS, MO.c. LENGTH OF STAY (in this place)
16 DAYSd. FULL NAME OF HOSPITAL OR INSTITUTION
VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

ILLINOIS

b. COUNTY WASHINGTON

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN OKAWVILLE

8120

d. STREET ADDRESS (If rural, give location)
NONE3. NAME OF DECEASED
(Type or Print)a. (First)
JOHNb. (Middle)
H.c. (Last)
MANGENALKER4. DATE OF DEATH
(Month) (Day) (Year)
OCTOBER 12, 1952

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
NEVER MARRIED

8. DATE OF BIRTH

9-16-09

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
43

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY

DAIRY

11. BIRTHPLACE (City and State or Foreign Country)

PLUM HILL TOWNSHIP, ILLINOIS

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

FRED MANGENALKER

13b. MOTHER'S MAIDEN NAME

AMELIA VOGT

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES WW-II16. SOCIAL SECURITY NO.
UNKNOWN17. INFORMANT'S SIGNATURE OR NAME ADDRESS
VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

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

COR PULMONALE

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

PULMONARY EMPHYSEMA

DUE TO (c)

5271

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

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)

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 9-26-1952, to 10-12-1952 and that death occurred at 7:35 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
T. KAMINSKAS, M.D.23b. ADDRESS
VET ADM HOSP, JEFF BRKS, MO.23c. DATE SIGNED
10-13-52

24a. BURIAL CREMATION REMOVAL (Specify)

Removal

24b. DATE

10/13/1952

24c. NAME OF CEMETERY OR CREMATORY

Okawville, Gemetery

24d. LOCATION (City, town, or county) (State)

Okawville Ill.

DATE REC'D BY LOCAL REG

10-13-52

REGISTRAR'S SIGNATURE

Herbert R. Dombke MD

25. FUNERAL DIRECTOR'S SIGNATURE

Southern Fun. Hom. 6322 S. Grand

ADDRESS

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____
Signed *Henry J. Gorman*
Licensed Embalmer No. *143472*
P. O. Address *6312 So Grand*

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.