

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43624

State File No. ....

FILED JAN 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11668**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>9 hrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 1904a Division - 21 1904a Division</b>		c. CITY OR TOWN <b>St. Louis 2219</b>	
d. STREET ADDRESS <b>Home 1904a Division - 21 1904a Division</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <b>Eligah</b> (Type or Print)		b. (Middle) <b>C. H.</b>	
c. (Last) <b>Maney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>19 15 52</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-8-1909</b>
9. AGE (in years last birthday) <b>43</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cleveland Miss</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <b>Willie Maney</b>	
13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ollie Maney wife</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Ollie Maney 1904a Division</b>		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Corony Thrombosis</b> 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. <b>Chin's myocarditis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 <b>4201</b>		22. I hereby certify that I attended the deceased from <b>Nov 3, 1952</b> to <b>Dec 12, 1952</b> , that I last saw the deceased alive on <b>Dec 12, 1952</b> , and that death occurred at <b>5 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>H. S. Moore MD</b>		23b. ADDRESS <b>917-50 18</b>	
23c. DATE SIGNED <b>12-18-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>12-18-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cleveland</b>	
24d. LOCATION (City, town, or county) (State) <b>Miss. Miss.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith MD</b>		ADDRESS <b>2930 Dickson St</b>	

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

*Arthur L. Heilbard*

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.