

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26672

State File No. ....

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6593

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.)<br>a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u> <u>120</u>                             |  |
| c. LENGTH OF STAY (In this place) <u>2 hrs.</u>   |  | d. STREET ADDRESS (If rural, give location) <u>3829 Linden Place</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>                         |  |   |  |

|                                     |              |             |               |                                       |
|-------------------------------------|--------------|-------------|---------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First)   | b. (Middle) | c. (Last)     | 4. DATE OF DEATH (Month) (Day) (Year) |
| <u>Glenn Lee Mantle</u>             | <u>Glenn</u> | <u>Lee</u>  | <u>Mantle</u> | <u>7</u> <u>2</u> <u>1953</u>         |

|                    |                               |   |                                       |   |                        |                        |   |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 14, 1902</u> | 9. AGE (In years last birthday) <u>51</u> | 10 UNDER 1 YEAR Months | 11 UNDER 24 HRS. Hours | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|---|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Yardmaster</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Troy, Ill.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|--|---|

|  |                                 |   |
|--|---------------------------------|---|
| 13a. FATHER'S NAME <u>Charles Mantle</u> | 13b. MOTHER'S MAIDEN NAME _____ | 14. NAME OF HUSBAND OR WIFE <u>Hazel Mantle</u> |
|--|---------------------------------|---|

|   |                                   |   |
|---|-----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Hazel Snodgrass Mantle, E. St. Louis, Ill.</u> |
|---|-----------------------------------|---|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Coronary Thrombosis, Acute</u>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>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 <input 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) <u>420.1</u> |
|--|--|--|

|   |  |                                  |
|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from July 2, 1953, to July 2, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

|   |  |                                |
|---|--|--------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or Title) _____ | 23b. ADDRESS <u>1115 So. Grand, St. Louis, Mo.</u> | 23c. DATE SIGNED <u>7/2/53</u> |
|---|--|--------------------------------|

|   |                         |  |  |
|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-5-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Burial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Belleville Illinois</u> |
|---|-------------------------|--|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>JUL 3 1953</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>C.G. Kurrus E. St. Louis, Ill.</u> |
|--|--|--|

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.....  
Signature of Student Embalmer.....

Signed.....



Licensed Embalmer No. 3162  
2525 State Street  
P. O. Address E. St. Louis  
Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

NOT EMBALMED

NOT EMBALMED