

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14319

| | | | | | | | | | |
|---|--|---|---|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>531</u> | | Registrar's No. <u>848</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Christian Old Peoples Home</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City, Mo. Washington</u> c. LENGTH OF STAY (in this place) <u>17 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Old Peoples Home</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>UNK</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNK</u> d. STREET ADDRESS (If rural, give location) <u>UNK</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John Franklin</u> b. (Middle) <u>Man</u> c. (Last) <u>Man</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 8 1954</u> | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>8/8/26-1959</u> | | | |
| 9. AGE (In years last birthday) <u>94</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>do not know</u> | | 11. BIRTHPLACE (State or foreign country) <u>Walcott New York</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>John Man</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Polly Ann Probst</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mellie Carr</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mystle J Sprague</u> | | ADDRESS <u>6600 Washington Ave</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>? Pulmonary infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Mild cognitive failure; Fracture right hip (lower)</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>9047</u> <u>45</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nursing Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis 5 St. L. Mo.</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 27th 54 8 a.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>UNK</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>52</u> , to <u>April 7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>April 5</u> , 19 <u>54</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Edgar Dwyer, M.D.</u> | | | | 23b. ADDRESS <u>6600 Washington St. Louis 5</u> | | 23c. DATE SIGNED <u>4-8-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>April 9, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>4/19/54</u> | | REGISTRAR'S SIGNATURE <u>Robert R. Somke</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home, 1167 Hamilton, St. Lou</u> | | | | | |

(Licensed Embalmer) Statement on Reverse Side

18.

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, ~~and by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton R. Remeluis

Licensed Embalmer No. 4293

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.