

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.4a

FILED JUL 26 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6161**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.**

c. LENGTH OF STAY (in this place) **2 mo.**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **City Hospital**

e. STREET ADDRESS (If rural, give location) **20 2538 West Dodier St. 22090**

3. NAME OF DECEASED (Type or Print)
a. (First) **Elmer C.** b. (Middle) **Manners** c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) **July 5, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

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

8. DATE OF BIRTH **1873**

9. AGE (In years last birthday) **81** 10. UNDER 1 YEAR **0** 11. UNDER 1 HR. **0**

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

10b. KIND OF BUSINESS OR INDUSTRY **--**

11. BIRTHPLACE (City and State or Foreign Country) **East St. Louis, Ill.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **--**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO. **---**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **R. H. Spradling (friend) 2538 W. Dodier**

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) **Terminal Pneumonia**
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES **following fracture of right hip suffered in fall in plant of Sacred Heart Church Du. May 3 1954. exact time unknown**
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 **Accident**

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **at home**

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **May 3 54**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **E9045**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at **2538** m., from the causes and on the date stated above. **75**

23a. SIGNATURE **Regd. Embalmer**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **7/8/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **July 8, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Valhalla**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUL 8 1954** REGISTRAR'S SIGNATURE **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **St. Louis Funeral Home 2205 St. Louis Ave.**

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, ~~only~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton M. Penick*.....

Licensed Embalmer No. *428*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.