

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

39006

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10041

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis,					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN University City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		STREET ADDRESS (If rural, give location) 236 Linden Ave					
3. NAME OF DECEASED (Type or Print) Horace			a. (First)		b. (Middle) Thorpe		c. (Last) Manlove		4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 21, 1873		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Engineer; W.H. Markham & Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Indianapolis, Indiana				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Robert Manlove.				13b. MOTHER'S MAIDEN NAME Anna Belle Thorpe.				14. NAME OF HUSBAND OR WIFE Mary Fletcher Manlove					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. 486-20-1247		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth M. Rogers, 236 Linden Ave., U.C. Mo.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH 4 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aneurysm of the aorta								Many yrs.	
				ANTECEDENT CAUSES Arteriosclerotic Heart Disease Hypertensive cardiovascular disease									
				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.									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		21f. HOW DID INJURY OCCUR? 4200							
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"/>		22. I hereby certify that I attended the deceased from Nov. 1, 1954, to Nov. 4, 1954, that I last saw the deceased alive on Nov. 4, 1954, and that death occurred at 12:30A., from the causes and on the date stated above.									
23a. SIGNATURE C. P. Verillion, M.D.				(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL				23c. DATE SIGNED 11/4/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11/6//1954		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Indianapolis, Indiana		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS; 7233 Delmar Blvd.,					
DATE REC'D BY LOCAL REG. NOV 5 1954				REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS; 7233 Delmar Blvd.,					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Ronald W. Schoene*

Licensed Embalmer No. *386*  
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.