

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1954

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>2457</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>4 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		TOWN <u>773</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>434 SARATOGA</u>				d. STREET ADDRESS (If rural, give location) <u>434 Saratoga St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Moore</u>			b. (Middle) _____			c. (Last) <u>Manse</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 27 1893</u>		9. AGE (In years last birthday) <u>60</u>		Months <u>8</u> Days <u>22</u>		10. IF UNDER 21 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unit</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gibson County Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Will</u>		13b. MOTHER'S MAIDEN NAME <u>Mariah</u>		14. NAME OF HUSBAND OR WIFE <u>Clara D. Manse</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>404-16-6219</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara D. Manse</u> ADDRESS <u>434 Saratoga St</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
		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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>Feb. 1954</u> , to <u>Oct. 19, 1954</u> , that I last saw the deceased alive on <u>Oct. 19, 1954</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. [Signature]</u> (Name or title)				23b. ADDRESS <u>Webster Homes 2438 Hickman - 19, Missouri</u>		23c. DATE SIGNED <u>10-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Oct. 24 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Sinai Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oakton Ky.</u>	
DATE REC'D BY LOCAL REG. <u>10/22/54</u>		REGISTRAR'S SIGNATURE <u>Michael R. Spink</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hemphill</u>		ADDRESS <u>408 S. Fillmore</u>	

STATEMENT BY LICENSED EMBALMER

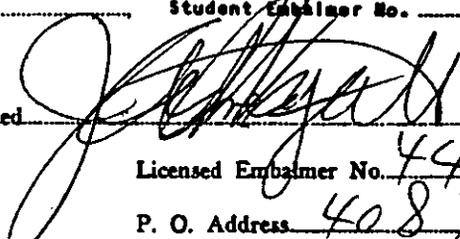
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4441

P. O. Address 408 Bellmore

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.