

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40441**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **355**

1. PLACE OF DEATH a. COUNTY COLE		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) Jefferson City		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS, CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. STATE PENITENTIARY HOSPITAL		STREET ADDRESS (If rural, give location) 4249 E. MAFFIT	

3. NAME OF DECEASED (Type or Print) a. (First) MANISFEE b. (Middle) _____ c. (Last) GIST			4. DATE OF DEATH (Month) (Day) (Year) Dec. 30 54		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN	8. DATE OF BIRTH Aug 18 - 1911	9. AGE (In years last birthday) 43	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) POSTAL CLERK		10b. KIND OF BUSINESS OR INDUSTRY POSTAL CLERK		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME MRS. MARY E. WILLIAM 14. NAME OF HUSBAND OR WIFE UNKNOWN			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME MRS. MARY E. WILLIAM ADDRESS 4249 E. MAFFIT	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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 **Dec. 16, 1954**, to **Dec. 30, 1954**, that I last saw the deceased alive on **Dec. 30, 1954**, and that death occurred at **4:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Weisbally MD (Degree or title)		23b. ADDRESS Jefferson City Mo		23c. DATE SIGNED 12-31-54
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3, 1955	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG Dec 31-1954	REGISTRAR'S SIGNATURE R.P. Dorris MD - RR	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thorp J. Gordon Jefferson City Mo		

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

MAY 13 1955

MAY 11 1955

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 *Gideon M. Kausser*

Licensed Embalmer No. *45*

P. O. Address *Jefferson*

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.