

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10866**

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 OR TOWN St. Louis, Mo.)		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			
e. STREET ADDRESS (If rural, give location) 1225 No. Garrison 22190			

3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) NMN c. (Last) Manley			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1955		
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 9, 1883		9. AGE (to years last birthday) 72		IF UNDER 1 YEAR Months 10 Days 0 IF UNDER 2 HRS. Hours 0 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Jackson, Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S. A.					

13a. FATHER'S NAME Charles Manley		13b. MOTHER'S MAIDEN NAME Winnie Smith		14. NAME OF HUSBAND OR WIFE Dora Manley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-30-633A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dora Manley 1225 No. Garrison	

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) Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Polyps of Sigmoid Colon			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		Hypertension & arteriosclerotic Heart Disease	
19a. DATE OF OPERATION 12/9/55		19b. MAJOR FINDINGS OF OPERATION As above		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) 420.0	
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 **Nov. 30, 1955**, to **Dec. 9, 1955** that I last saw the deceased alive on **Dec. 9, 1955**, and that death occurred at **2:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12/10/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/14/55		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					

DATE REC'D BY LOCAL REG. DEC 12 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Smith 4019 Washington	
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(Licensed Embalmer's Statement on Reverse Side)

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, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 43

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.