

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7652

No. 300

10.48

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 353			
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MANCHESTER		c. LENGTH OF STAY (In this place) 1 wk.		c. CITY OR TOWN Edwardsville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION MANCHESTER NURSING HOME				STREET ADDRESS (If rural, give location) 810 Randall avenue				81208	
3. NAME OF DECEASED (Type or Print) a. (First) EDITH		b. (Middle)		c. (Last) GILLHAM		4. DATE OF DEATH (Month) (Day) (Year) 2-25-56			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 1-18-1904		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Kimswick, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		0	
13a. FATHER'S NAME Thomas F. Manley			13b. MOTHER'S MAIDEN NAME Gertrude Hagen			14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 494-36-3908		17. INFORMANT'S SIGNATURE OR NAME Bessie Soehlin, Belleville, Ill.				ADDRESS	
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) Acute Myocardial Failure				INTERVAL BETWEEN ONSET AND DEATH 2 week	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral insufficiency & Stenosis DUE TO (c) (Possibly) Rheumatic Fever				Don't know	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites,					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410X						20. AUTOPSY? YES <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m):		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Feb. 18, 1956, to Feb. 25, 1956, that I last saw the deceased alive on Feb. 25, 1956, and that death occurred at 1:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE Ralph W. Kaffey, M.D.				(Degree or title)		23b. ADDRESS Box 312, Manchester, Mo.		23c. DATE SIGNED 2-25-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-25-56		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Troy, Ill.			
DATE REC'D BY LOCAL REG. 2-27-56		REGISTRAR'S SIGNATURE Herbert R. Dombke, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Edwards, Troy, Illinois				ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 27 1958

JAN 31 1958

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 *Ben Hoffman*.....

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.