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FILED MAY 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19010

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1038

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>University City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 Week</b>		e. STREET ADDRESS (If rural, give location) <b>6526 Crest Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Co, Hospt</b>			

3. NAME OF DECEASED (Type or Print) <b>ANNA Detwiler MANNING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 21 56</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 16 1895</b>	9. AGE (In years last birthday) <b>62</b>	10. UNDER 1 YEAR Days <b>11</b> 11. UNDER 1 MRS. Hours <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Unk</b>		13b. MOTHER'S MAIDEN NAME <b>Unk</b>	
14. NAME OF HUSBAND OR WIFE <b>James Manning</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>James Manning</b>		ADDRESS <b>6526 Crest Ave.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic Coma</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Jaundice Cirrhosis</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **4-12, 1956**, to **4-21, 1956**, that I last saw the deceased alive on **4-21, 1956** and that death occurred at **1:10 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank G. Crust M.D.</b>	23b. ADDRESS <b>601 So. Brentwood</b>	23c. DATE SIGNED <b>4-21-56</b>
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Removal</b>	24b. DATE <b>4-24-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		

DATE REC'D BY LOCAL REG. <b>4-23-56</b>		REGISTRAR'S SIGNATURE <b>Robert R. Donahue MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark Funeral Home Inc. 1125 Hodiament Ave.</b>	
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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 *Jerry W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.