

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21994

FILED JUN 20 1956

1003 State File No. 5337

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>EAST ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>8720</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. PAC. HOSPITAL</u>		f. STREET ADDRESS (If rural, give location) <u>558 A NORTH 29th STREET</u>	

3. NAME OF DECEASED (Type or Print) <u>BEATRICE SPRINGER MANGUM</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>JUNE 2, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>JAN. 27, 1905</u>	9. AGE (In years last birthday) <u>51</u>	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) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Alton & Southern R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Creal Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Orlando G. Mangum</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jones</u>	14. NAME OF HUSBAND OR WIFE <u>?</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>708-09-2871</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sarah Mangum</u>	ADDRESS <u>558a N. 29th St. E. St. Louis</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CACIDEXIA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>abdominal carcinoma's.</u> <u>Adenocarcinoma, sigmoid colon.</u> DUE TO (c) <u>Multiple.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Multiple.</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>partial INT. OBSTRUCTION.</u>			

19a. DATE OF OPERATION <u>JAN. 14, 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma, sigmoid colon & EXTENSIVE METASTASIS</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>153X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 JAN. 10, 1956, to JUNE 2, 1956, that I last saw the deceased alive on JUNE 2, 1956, and that death occurred at 4:20 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Barbara Passanente, M.D.</u>	23b. ADDRESS <u>Grand and Shaw, St. Louis</u>	23c. DATE SIGNED <u>6-2-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>June 4-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mr Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Belleveille Ill</u>
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DATE REC'D BY LOCAL REG. <u>JUN 4 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Curries</u>	ADDRESS <u>Funeral Home - V.A. Way</u>
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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: *Not Embalmed*

Student.....
Signature of Student Embalmer

Signed..... *V.K. Vogt* -
Licensed Embalmer No.....

P. O. Address.....

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.