Health, & Welfare Public Service

S. 300
. 1-56

securing the medical certification in the specific manner required by 193.140 Mo. Rev. Stat. 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1957

STATE FILE NUMBER 10693

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2367

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ x No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 23 St. Johns 0 — Length of stay in 1b 6 wks 20 89

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ x No ☐
d. STREET ADDRESS (If outside, give location) 8334 Hallsferry — Reside on Farm Yes ☐ No ☐ x

3. NAME OF DECEASED (Type or print) First Eugene Middle Cedric Last Mandle
4. DATE OF DEATH Month Day Year March 8th, 1957
5. SEX male 0
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH January 2nd, 1897
9. AGE (In years last birthday) 60 — 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) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Brewery
11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Emanual Mandle
14. MOTHER'S MAIDEN NAME not known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 489-05-2510
17. INFORMANT Address Lillian Mandle, 8334 Hallsferry (wife)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH 4 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hemorrhage & obstruction of trachea & bronchi — 20 min
DUE TO (c) Carcinoma of tongue & destruction of mandible direct extension to cervical region — 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Emphysema, senile type of lungs
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT N/A ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) N/A 141 X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year N/A — N/A
20d. INJURY OCCURRED N/A WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) N/A
20f. CITY, TOWN, OR LOCATION COUNTY STATE N/A

21. I attended the deceased from July 1956, to 8 March 57 and last saw ~~her~~ him alive on 8 March 57
Death occurred at 140 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur E. Weigel MD. 0
22b. ADDRESS 207 S. Euclid St Louis Mo
22c. DATE SIGNED 8 March 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 3/11/57
23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS DIEDRICH FUNERAL HOME, 8319 Hallsferry
25. DATE RECD. BY LOCAL REG. MAR 9 '57
26. REGISTRAR'S SIGNATURE J Carl Smith MD acm

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton H. Pemelun

Licensed Embalmer No. 428

P. O. Address St. Louis

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