

STANDARD CERTIFICATE OF DEATH

State File No. **25675**
Registrar's No. **30**

FILED JUL 31 1957

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4470**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) St. James		c. CITY OR TOWN St. James	d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hospital		e. STREET ADDRESS (If rural, give location) Hwy 68 N.	

3. NAME OF DECEASED a. (First) Anna b. (Middle) _____ c. (Last) Manshardt		4. DATE OF DEATH (Month) July (Day) 27 (Year) 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 1, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework Retired		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 82 Months 4 Days 26
11. BIRTHPLACE (City and State or Foreign Country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Fred Manshardt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or date of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Soldiers Home Records, St. James 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 3

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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 **June 16, 1953** to **July 27, 1957**, that I last saw the deceased alive on **July 26, 1957** and that death occurred at **12:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Asst. Grosskreutz MD (Degree or title)	23b. ADDRESS St. James, Mo	23c. DATE SIGNED 7-27-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 29, 1957	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. 7-27-57	REGISTRAR'S SIGNATURE Ruth B. Powell	25. FUNERAL DIRECTOR'S SIGNATURE Joe Powell ADDRESS St. James, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 776

Date Filed 7/30/57

AUG 2 1957

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 *C. Jesse Gahr*

Licensed Embalmer No. 4486

P. O. Address St. James, Mi

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.