

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42316
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10304

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 81 4242 a Athlone		d. STREET ADDRESS (If outside, give location) 2107 e 4242 a Athlone	
3. NAME OF DECEASED (Type or print) First Middle Last Clara Manes		4. DATE OF DEATH Month Day Year 11/1/57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 12, 1876
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		9b. KIND OF BUSINESS OR INDUSTRY House Wife	9c. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY House Wife	10c. BIRTHPLACE (City and state or country) Germany
11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Anthony Gumble		13b. MOTHER'S MAIDEN NAME Un Known	
13c. NAME OF HUSBAND OR WIFE Michael		14. NAME OF HUSBAND OR WIFE Michael	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT Margaret White		18. ADDRESS 4242 a Athlone	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intestinal Hemorrhage</i> DUE TO (b) <i>Carcinoma sigmoid & Rectum inoperable</i> DUE TO (c) <i>Rectum inoperable</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 1998			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from: <i>Sept 8</i> to <i>Oct 31</i> and last saw her alive on <i>Oct 20</i> Death occurred at <i>8:00A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John E. Shaner M.D.</i> (Degree or title)		22b. ADDRESS <i>3720 Washington</i>	
22c. DATE SIGNED <i>11-1-57</i>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/4/57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Chas. F. Stuart 1225 Union		25. DATE RECD. BY LOCAL REG. NOV 1 '57	
26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i> m 83			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John J. Haines*
Licensed Embalmer No. *4108*
P. O. Address *St. Louis, Mo*

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 this body is not embalmed, fact should be so stated above.