Health, Welfare Public Service

300
1-56

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

46095
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11302

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Missouri — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp. — Length of stay in 1b 08

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Richmond Heights 4495 c — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 7565 Wise Ave. — Reside on Farm Yes ☐ No ☐ 27

3. NAME OF DECEASED (Type or print) First THOMAS Middle L Last MANTELS

4. DATE OF DEATH Month Day Year Nov. 24, 1957

5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 6th 1898
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months 1 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric Company
11. BIRTHPLACE (City and state or country) Union, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Emil C. Mantels
14. MOTHER'S MAIDEN NAME Mary Duemler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 492-03-0564
17. INFORMANT Missouri. Address Richmond Heights Mrs. Frieda Mantels 7565 Wise Ave.

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) myocardial infarction — Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arteriosclerosis — Generalized Arteriosclerosis — Unk
DUE TO (c) Pneumonia — Pneumonia 420.1 — 6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8/24 50, to Nov 24-57 and last saw her/him alive on Nov 23-57
Death occurred 6:20 A 6:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robt. G. Warner (Degree or title) M.D. — Robert G Warner M.D.
22b. ADDRESS 818 Paul Brown Bldg. — 818 Paul Brown Bldg. St. Louis
22c. DATE SIGNED Nov 25 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11/27/1957
23c. NAME OF CEMETERY OR CREMATORY Union Cemetery
23d. LOCATION (City, town, or county) (State) Union Missouri

24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and sons 7233 Delmar
25. DATE RECD. BY LOCAL REG. NOV 25 57
26. REGISTRAR'S SIGNATURE J Carl Smith MD MDB

(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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murra

Licensed Embalmer No. 401

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.