

Health,  
Welfare  
Public  
Service

300  
1-56

Director, Coroner, etc. must use only standard nomenclature - rit main 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007542

STATE FILE NUMBER

1444

FILED FEB 28 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY																			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 City Hospital			Length of stay in 1b		5 <sup>A</sup> STREET ADDRESS 1234a Hodiament		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																
3. NAME OF DECEASED (Type or print) First Middle Last Army Manne			4. DATE OF DEATH Month Day Year 2 5 58		5. SEX Male			6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 1, 1893		9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler		10b. KIND OF BUSINESS OR INDUSTRY Furniture Co.		11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. 490-01-8173		17. INFORMANT Address Josephine Manne 1234a Hodiament									
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.1																		INTERVAL BETWEEN ONSET AND DEATH					
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.) 420.1														
20c. TIME OF INJURY Hour a. m. p. m.																							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 12:29 P. to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE (Name or title) James M. Kelly Deputy												22b. ADDRESS 1300 Clark			22c. DATE SIGNED 2-7-58								
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE 2-10-1958			23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery			23d. LOCATION (City, town, or county) St. Louis			STATE Missouri											
24. FUNERAL DIRECTOR Jos. W. Clark						ADDRESS F.H. 1125 Hodiament			25. DATE RECD. BY LOCAL REG. FEB 7 58			26. REGISTRAR'S SIGNATURE [Signature]											

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....  
Licensed Embalmer No. 26  
P. O. Address 1125th

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