

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016146
STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3402

300
-57
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Ann's 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 3349 Delta Dr.
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last HARLOW V. MANES			4. DATE OF DEATH Month Day Year Mar. 23 1958			
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5. SEX Male 0	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 Sep. 15, 1919	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harley J. Manes	13b. MOTHER'S MAIDEN NAME Lizzie Fulton	14. NAME OF HUSBAND OR WIFE Doris Manes
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None	16. SOCIAL SECURITY NO. 491-18-9807	17. INFORMANT Doris Manes 3349 Delta Dr.-St. Ann
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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>Athetosis</i> DUE TO (b) <i>Pulmonary Congestion</i> DUE TO (c) <i>Anesthesia</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Small Obstruction</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (If an occupational injury, give nature of work) <i>While undergoing operation (Ulcers) at Missouri Baptist Hospital</i>
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20c. TIME OF INJURY Hour a.m. p.m. 3 23 58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hosp</i>	20e. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>	20f. COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>4:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Patrick E. Taylor</i> (Degree or title) Coroner 3	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>3/24/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Mar. 26, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
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24. FUNERAL DIRECTOR <i>Kriegshauser</i> ADDRESS <i>4228 S. Kingshighway</i>	25. DATE RECD. BY LOCAL REG. <i>MAR 24 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Stomach)

All diseases in Part I must be causally related.

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 *Richard W. Storosa*

Licensed Embalmer No. 4007
P. O. Address

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.