Health, Welfare Public Service

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FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016702
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1138

1. PLACE OF DEATH a. COUNTY: St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clayton — Inside Limits: Yes ☒ No ☐	c. CITY OR TOWN: Robertson 4000 — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis Co. Hosp — Length of stay in 1b: 3 Hrs.	d. STREET ADDRESS (If outside, give location): Rt. 2 Box 705 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: MARY Middle: Last: McMANUS

4. DATE OF DEATH: Month 4 Day 24 Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Feb. 13, 1886

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Gustav Weber

13b. MOTHER'S MAIDEN NAME: Saranda Stevens

14. NAME OF HUSBAND OR WIFE: Late John T. McManus

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.: 496-22-6823

17. INFORMANT: Lawrence McManus Address: 125 St. James Lane, E. St. Louis, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): 3rd degree Burn 65% Body Surface — 3 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 9160

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 16

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.) Subject was cleaning house, apparently moving a portable electric heater when her clothing caught on fire

20c. TIME OF INJURY: 11:45 Hour a.m. ~~p.m.~~ Month, Day, Year: 4/24/58

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.): home

20f. CITY, TOWN, OR LOCATION: Robertson — COUNTY: St. Louis 400 — STATE: Mo.

21. I attended the deceased from 4-24-1958, to 4-24-1958 and last saw her/him alive on 4-24-1958. Death occurred at 3 40/p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard H. Kiey M.D. 0

22b. ADDRESS: 601 S. BRENTWOOD BLVD.

22c. DATE SIGNED: 4-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Apr. 28, 1958

23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens

23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: Kriegshauser — ADDRESS: 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG.: 4-25-58

26. REGISTRAR'S SIGNATURE: Herbert R. Damke M.D. Jr

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Stovesa

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.