

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027779

STATE FILE NUMBER

2935

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2935

**FILED AUG 11 1958**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>VALLEY PARK</b>		c. CITY OR TOWN <b>VALLEY PARK 4000</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>220 FOREST AVE.</b>		d. STREET ADDRESS (If outside, give location) <b>220 FOREST AVE.</b>	
3. NAME OF DECEASED (Type or print) First <b>EMMA</b> Middle <b>LEE</b> Last <b>MANESS</b>		4. DATE OF DEATH Month <b>AUG.</b> Day <b>I</b> Year <b>1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 21 1883</b>
9a. AGE (In years last birthday) <b>74</b>	9b. F UNDER 1 YEAR Months <b>8</b> Days <b>10</b>	9c. IF UNDER 24 HRS. Hours <b>10</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	
11. BIRTHPLACE (City and state or country) <b>Wheeling W. VA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Henry Lanham</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>James J Maness</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT <b>James J Maness</b> Address <b>Valley Park 220 Forest Ave</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>4200</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>			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.)	
20c. TIME OF INJURY Hour <b>7:30 a.m.</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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 <b>1950</b> to <b>July 31-58</b> and last saw her <sup>her</sup> alive on <b>7-31-58</b> Death occurred at <b>7:30 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Royal C. McKen MD.</b> (Degree or title)		22b. ADDRESS <b>Kirkwood Mo.</b>	
22c. DATE SIGNED <b>8-1-58</b>			
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Buried</b>		23b. DATE <b>Aug. 4 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Rose Lawn</b>		23d. LOCATION (City, town, or county) (State) <b>Festus Mo.</b>	
24. FUNERAL DIRECTOR <b>Louis H. Bopp Inc</b> Address <b>Kirkwood</b>		25. DATE RECD. BY LOCAL REG. <b>8-2-58</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert B. Dumble MD</b>			

Dr. M. C. Hoffman  
 126 E. Jefferson  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 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 *Francis J. Wyland Jr.*

Licensed Embalmer No. *4512*

P. O. Address *Hickory, N.C.*

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.