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Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030726

STATE FILE NUMBER 8032

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.GRAND ST.LOUIS, MO — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET.ADM. HOSPITAL — Length of stay in Hospital 8 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes X No
d. STREET ADDRESS 2039 5823 SOUTHWEST AVE (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First JOSEPH Middle E. Last MANLEY SR.

4. DATE OF DEATH Month AUGUST Day 16 Year 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 9-11-07
9. AGE (In years last birthday) 50 — 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) CARPENTER FOREMAN
10b. KIND OF BUSINESS OR INDUSTRY BOARD OF EDUCATION
11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSEPH E. MANLEY
13b. MOTHER'S MAIDEN NAME AMELIA OSTMANN
14. NAME OF HUSBAND OR WIFE RENA MANLEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 497-38-7022
17. INFORMANT VAH RECORDS Address 915 N.GRAND AVE., ST.LOUIS, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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) CEREBRAL INFARCTION, RIGHT SIDE, FRESH
MYOCARDIAL INFACTION, MULTIPLE, OLD
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CORONARY ATHERIOSCLEROSIS
DUE TO (c) PULMONARY CONGESTION 420.1
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)
19. WAS AUTOPSY PERFORMED? YES X NO

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 8/8/58, to 8/16/58 and last saw him alive on 8/16/58
Death occurred at 10:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Howard S. Sturgis MD (Degree or title) Howard S. Sturgis, M.D.
22b. ADDRESS VAH, ST. LOUIS, MO.
22c. DATE SIGNED 8-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE AUG. 20, 1958
23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.

24. FUNERAL DIRECTOR KRIEGSHAUSER ADDRESS 4228 S.KINGSHIGHWAY
25. DATE RECD. BY LOCAL REG. AUG 18 58
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address [illegible]

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.