

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034489

STATE FILE NUMBER

FILED OCT 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9396

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS MO</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FIRMIN DESLOGE Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>5635 RHODES</u>	
Length of stay in lb <u>29</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>FAHIM</u> Middle <u>MANSOR</u> Last			4. DATE OF DEATH Month <u>SEPT.</u> Day <u>30</u> Year <u>1958</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 21, 1888</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Green Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FOREST PARK GOLF</u>	11. BIRTHPLACE (City and state or country) <u>LEBANON &amp;</u>	12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>
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13a. FATHER'S NAME <u>MANSOR MANSOR</u>	13b. MOTHER'S MAIDEN NAME <u>MARY AYOUB</u>	14. NAME OF HUSBAND OR WIFE <u>MARY MANSOR</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-12-5695</u>	17. INFORMANT <u>MARY MANSOR</u>	Address <u>5635 RHODES</u>
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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) <u>Pulmonary Congestion</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Brain Injury</u>	
	DUE TO (c) <u>Paralytic Fever</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Enter only those conditions which are not included in PART I.) <u>thrust into driveway on back of car</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter cause of injury in PART I or PART II) <u>was struck by car operated by our daughter</u>	
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20c. TIME OF INJURY Hour <u>1000</u> a.m. <u>8</u> Month, Day, Year <u>14 58</u>	20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>28 Oak</u>		20e. CITY, TOWN, OR LOCATION <u>St Louis</u>	COUNTY <u>MO</u>	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>330A</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Patriot Taylor Cousins</u>	(Degree or title) <u>3</u>	22b. ADDRESS <u>500 Clark</u>	22c. DATE SIGNED <u>9.30.58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL OCT. 3, 1958</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>	(State) <u>MO</u>
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24. FUNERAL DIRECTOR <u>Thomas Kates, 2906 Gravis</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>SEP 3 0'58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>
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(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

MEDICAL CERTIFICATION

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 *James C. Hill* .....

Licensed Embalmer No. *4347* .....

P. O. Address *2706 Ave* .....

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.