

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046563
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 3334

FILED JAN 6 1959

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR: TOWN <u>University City</u>		c. CITY OR TOWN <u>University City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>837 Warder</u>		d. STREET ADDRESS (If outside, give location) <u>837 Warder</u>	
3. NAME OF DECEASED (Type or print) First <u>Kurt</u> Middle <u>Mansbacher</u> <u>KURT MANSBACHER</u>		4. DATE OF DEATH Month <u>12</u> Day <u>19</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</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>Jan 16, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>	9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) <u>Dortmund Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Siegmond Mansbacher</u>		13b. MOTHER'S MAIDEN NAME <u>Lina Weinberg</u>	
14. NAME OF HUSBAND OR WIFE <u>Ilse H. Mansbacher</u>		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>500-74-8349</u>		17. INFORMANT <u>Ernst Mansbacher</u> Address <u>7064 Melrose</u>	
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>Coronary Thrombosis</u> DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>4201</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Aortic Insufficiency - Diabetes</u>			INTERVAL BETWEEN ONSET AND DEATH <u>72 minutes</u> <u>4 years</u>
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from Death occurred at <u>4:35 p.m.</u> on <u>12/19/58</u> and last saw him alive on <u>12/17/58</u>		21. I attended the deceased from _____ to _____ and last saw him alive on _____	
22a. SIGNATURE <u>Walter E. Strand, M.D.</u> (Degree or title)		22b. ADDRESS <u>3720 Washington</u>	
22c. DATE SIGNED <u>12/21/58</u>		22d. STATE <u>Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/21/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive (Jewish)</u>		23d. LOCATION (City, town, or country) <u>st. Louis Co Mo.</u>	
24. FUNERAL DIRECTOR <u>MAYER</u> ADDRESS <u>4356 Lindell Blvd</u>		25. DATE RECD. BY LOCAL REG. <u>12-21-58</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert B. Donlehd</u>		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. 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 *J. W. M. Embury*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis Mo*

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.