

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011572
State File No.

No. 300
10-48

FILED APR 6 1959

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 861

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (in this place) 16 yrs	c. CITY OR TOWN University City
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Old Peoples Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 6600 Washington Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) May b. (Middle) McManimie c. (Last) McManimie		4. DATE OF DEATH (Month) (Day) (Year) 3 29 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH 2-13-1878
9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 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 Foreign Country) Henderson Co. Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME M.A. McManimie		13b. MOTHER'S MAIDEN NAME Emma Curry	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ethel M. Hargrave ADDRESS late 00 Wash	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute heart failure		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Senility	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		CORRECTED	
Conditions contributing to the death but not related to the disease or condition causing death. 2E			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION AFFIDAVIT OF Funeral Director 6-11-59 det		20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	794X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. , 1957, to Mar 29, 1959 , that I last saw the deceased alive on Mar 26, 1959 , and that death occurred at 2 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE T. Rayars M.D. (Degree or title)		23b. ADDRESS 607 N. Grand	23c. DATE SIGNED 3-29-59
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-31-59	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
DATE REC'D BY LOCAL REG. 3-31-59	REGISTRAR'S SIGNATURE John C. Murphy, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 1700 Washington Blvd.	

(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..... *G. W. Wilkinson*

Licensed Embalmer No..... *35*

P. O. Address..... *M. L.*

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.