

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023176

STATE FILE NUMBER

25306

Registration District No. Primary Registration District No. Registrar's

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN **St. Louis** Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2116 Delmar Avenue** Length of stay in 1b  
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  No   
d. STREET ADDRESS (If outside, give location) **2116 Delmar Avenue** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last **Hattie Manning**  
4. DATE OF DEATH Month Day Year **May 29, 1959**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH **April 23, 1900** 9. AGE (In years last birthday) **59** 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) **Laundress** 10b. KIND OF BUSINESS OR INDUSTRY **Laundry** 11. BIRTHPLACE (City and state or country) **Duquoin, Illinois** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Crell Turley** 13b. MOTHER'S MAIDEN NAME **Beddie Mosley** 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **498-03-8208** 17. INFORMANT **Corta Davis** Address **4333 Delmar Apt F.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Arteriosclerotic Heart Dis & Failure**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Heart Disease**  
DUE TO (c) **420.0**  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **PT. Hemiplegia, Old CVA.**  
INTERVAL BETWEEN ONSET AND DEATH **2 yrs.**

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 **June 1958** to **May 29, 1959** and last saw her alive on **5-25-59**  
Death occurred at **5-29-59 11:50 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Jas. M. Whitlow** (Degree or title) **M.D. M.D.** 22b. ADDRESS **916 A No. Taylor** 22c. DATE SIGNED **6-8-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6/3/59** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR **C.B. Rounce** ADDRESS **1221 North Grand** 25. DATE RECD. BY LOCAL REG. **6-3-1959** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Melvin Blackman* .....

Licensed Embalmer No. *3967* .....  
P. O. Address *1221 N. ...* .....

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.