

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034072

FILED VS. OCT 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 8889**

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b OR TOWN 66 Yrs. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 6127 Westminster Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY _____ c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 6127 Westminster Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last FERDINAND HECHT MANN			4. DATE OF DEATH Month Day Year September 25, 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/26/92	9. AGE (last birthday) 67 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Pittsburg Plate Gl.		11. BIRTHPLACE (City and state or country) Union City, Tenn.			
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Rufus Mann		13b. MOTHER'S MAIDEN NAME Julia Hecht			
14. NAME OF HUSBAND OR WIFE Delphia Shult Mann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I					
16. SOCIAL SECURITY NO. WW 1		17. INFORMANT Address Mrs. Fred Mann 6127 Westminster					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 420.1				INTERVAL BETWEEN ONSET AND DEATH Immediate			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at Sept 25/1959 - 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank L. Davis, M.D.			22b. ADDRESS 6123 Westminster Pl.				
22c. DATE SIGNED 9/25/59			23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				
23b. DATE 9/28/59		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.			
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd.		25. DATE FILED BY LOCAL REG. SEP 28 1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Univ. Club Bldg.
607 No. Grand
JE 3-4130

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed jos. E mc culloch

Licensed Embalmer No. 2464

P. O. Address 6170 Pl

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.