URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-003771

FILED VS FEB 10 1960

NDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1152 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY

c. CITY OR TOWN: Granite City — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 5212 Lakeview Drive, — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First IRENE Middle A. Last MANNING

4. DATE OF DEATH: Month JANUARY Day 30 Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-6-05

9. AGE (last birthday): 54

IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Telegraph Opr.

10b. KIND OF BUSINESS OR INDUSTRY: Telegraph

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Hoffmann

13b. MOTHER'S MAIDEN NAME: Ida (Unknown)

14. NAME OF HUSBAND OR WIFE: Willard Manning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Willard Manning, 5212 Lakeview Drive, Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CEREBRAL EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) HEPATIC CIRRHOSIS — 2-3 YEARS

DUE TO (c) 581.0

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 NOV. 13, 1959, to JAN. 30, 1960 and last saw her/him alive on JAN. 30, 1960

Death occurred at 4:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. C. Vemulion, M. D. (Degree or title) M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 1/31/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-3-60

23c. NAME OF CEMETERY OR CREMATORY: Bethany Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.

25. DATE RECD. BY LOCAL REG.: FEB 1 1960

26. REGISTRAR'S SIGNATURE: Fred Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Joseph E. Linden

Signature of Student Embalmer

Licensed Embalmer No. 427

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.