

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012919

FILED VS. APR 12 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3395** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 10 days	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4218 Oregon Ave	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM D. MC MANNES			4. DATE OF DEATH Month Day Year March 24 1960		
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 7/5/1880	9. AGE (last birthday) 79 years	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) Food salesman		10b. KIND OF BUSINESS OR INDUSTRY Food	11. BIRTHPLACE (City and state or country) New Haven, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Rose McManness	
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. _____	17. INFORMANT Address Rose McManness - 4218 Oregon Ave		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage into stomach DUE TO (b) Cardiac arrest DUE TO (c) 55IX Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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 <input checked="" 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.) While under gauze operation			
20c. TIME OF INJURY Hour: _____ a.m. _____ p.m. _____ 3:24 a.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23 Hosp				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23 Hosp		20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at: 625 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph In Zimmery			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3-25-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE March 26, 1960	23c. NAME OF CEMETERY OR CREMATORY Black Creek, Cemetery		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri	
24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORT.- 5967 West Florissant Av.			25. DATE RECD. BY LOCAL REG. MAR 25 1960		26. REGISTRAR'S SIGNATURE Coan Smith M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

512.

MAY 23 1960

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 Walter R. Cook

Licensed Embalmer No. 455

P. O. Address St Louis

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.