

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 24 1960

60-012931

STATE FILE NUMBER

2 2833

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO		a. STATE Mo	b. COUNTY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2857 ARSENAL		c. CITY OR TOWN ST. LOUIS	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2857 ARSENAL	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH MANNEBACH			4. DATE OF DEATH Month Day Year MAR. 9 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 MAY 22 1876	9. AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mo	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME GEORGE MANNEBACH		13b. MOTHER'S MAIDEN NAME CAROLINE RABENSTEIN ROSE MANNEBACH		14. NAME OF HUSBAND OR WIFE ROSE MANNEBACH
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. 490-18-9092	17. INFORMANT ROSE MANNEBACH Address 2857 ARSENAL	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Arteriosclerotic Heart Disease	
DUE TO (b)	420.0	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic myocardial failure Senility		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
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 STATE

21. I attended the deceased from **1947** to **3/9/60** and last saw him alive on **2/24/60**
Death occurred at **8:45 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles S. Cherny M.D.	(Degree or title)	22b. ADDRESS 4401 Hampton	22c. DATE SIGNED 3/10/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAR. 11 1960	23c. NAME OF CEMETERY OR CREMATORY LAUREL HILL GARDENS	23d. LOCATION (City, town, or county) ST. LOUIS MO
24. FUNERAL DIRECTOR Thomas Kates	ADDRESS 2906 Gravois	25. DATE RECD. BY LOCAL REG. MAR 11 1960	26. REGISTRAR'S SIGNATURE Kean Smith M.O.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 James C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 B

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.