URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 17 1960

60-012932

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2706

NDED

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 street address) HOSPITAL OR INSTITUTION: BARNES HOSPITAL

Inside Limits: Yes ☒ No ☐

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): 1514 Warren Str.

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MRS. LOU Middle: L. Last: MANSFIELD

4. DATE OF DEATH: Month: MARCH Day: 7 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Oct.6.1884

9. AGE (last birthday): 75

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): housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Kentucky

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ben Deason

13b. MOTHER'S MAIDEN NAME: Elizabeth Trence

14. NAME OF HUSBAND OR WIFE: Willie Mansfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs.Nellie Trampe-Daughter Address: 1829a Warren St

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	ACUTE PSEUDOMEMBRANOUS ENTEROCOLITIS	8 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	LEFT COLECTOMY, POST-OPERATIVE	2 DAYS
DUE TO (c)	ADENOCARCINOMA OF RECTUM	1 YEAR

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 154+

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 FEB. 29, 1960, to MARCH 7, 1960 and last saw her/him alive on MARCH 7, 1960

Death occurred at 1:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. A. Vemellia, M. D. (Degree or title) M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 3/7/60

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

23b. DATE: Mar.10.1960

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

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

24. FUNERAL DIRECTOR: Henry Leidner Und.Co ADDRESS: 2223 St.Louis Ave.

25. DATE RECD. BY LOCAL REG.: MAR 8 1960

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D. E.P.

(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 Albert Mansfield

Signature of Student Embalmer

Licensed Embalmer No. 30

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.