

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 6 1960

318

Primary Registration District No. 1003

Registrar's No.

9381-60-036365  
STATE FILE NUMBER

ENDED

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, MISSOURI				Length of stay in 1b 5 Weeks		c. CITY OR TOWN Louisville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Route	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLIE G. MANN				4. DATE OF DEATH Month Day Year SEPTEMBER 22 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 16, 1892	9. AGE (last birthday) 68	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Bible Grove, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Robert Mann			13b. MOTHER'S MAIDEN NAME Margaret Brooks			14. NAME OF HUSBAND OR WIFE Ruth Mann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 360-30-3504		17. INFORMANT Address Ruth Mann, Louisville, Illinois			
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) LEFT SUBDIAPHRAGMATIC ABSCESS							4 WEEKS
DUE TO (b) ESOPHAGOGASTRECTOMY							6 WEEKS
DUE TO (c) CARCINOMA OF STOMACH 151X							3-4 MONTHS
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 checked="" type="checkbox"/> NO <input 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 AUG. 18, 1960 to SEPT. 22, 1960 and last saw her/him alive on SEPT. 22, 1960 Death occurred at 1:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. J. Varnell, M.D.				22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 9/23/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 25, 1960	23c. NAME OF CEMETERY OR CREMATORY Old Union Cemetery		23d. LOCATION (City, town, or county) Bible Grove, Illinois		
24. FUNERAL DIRECTOR Kurtus Funeral Home, East St. Louis, Ill.				25. DATE RECD. BY LOCAL REG. SEP 24 1960	26. REGISTRAR'S SIGNATURE Kearl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JANUARY 23 1924

**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 \_\_\_\_\_

*NOT Embalmed*

*[Handwritten Signature]*  
Licensed Embalmer No. 316

P. O. Address E. St Louis

JANUARY 23 1924

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.