SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027768
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1966

FILED JUL 25 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Overland — Length of stay in 1b: 24 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2819 Calvert Ave. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Overland — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2819 Calvert Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Robert Middle: Lee Last: Manning
4. DATE OF DEATH: Month: July Day: 13 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6-20-61
9. AGE (last birthday) — IF UNDER 1 YEAR: Months: Days: 24 — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert L. Manning
13b. MOTHER'S MAIDEN NAME: Margie Rainer
14. NAME OF HUSBAND OR WIFE: XXXXXXXXXXXXXX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Robert L. Manning Address: 2819 Calvert Ave

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): Suffocation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Found lying on its stomach in crib with head partially through wooden slats
20c. TIME OF INJURY Hour a.m. p.m. 8:30 a.m. Month, Day, Year 7/13/61 Subject found
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): bedroom of home
20f. CITY, TOWN, OR LOCATION: Overland COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Hart (Degree or title): Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 7/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-15-1961
23c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery
23d. LOCATION (City, town, or county) (State): Bridgeton, Mo.

24. FUNERAL DIRECTOR ADDRESS: Baumann Bros-Inc. 2504-Woodson Rd-Overland-14-Mo.
25. DATE REC'D BY LOCAL REG.: 7-14-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David C. Gibson

Signature of Student Embalmer

Licensed Embalmer No. 3457

P. O. Address Overland

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.