

SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034675
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8170**

AMENDED

FILED SEP 18 1961

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		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 3822 So Compton	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CARL Middle A Last MANZ			4. DATE OF DEATH Month 9 Day 1 Year 1961		
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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 6-30-1899	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during <u>entire</u> life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Metzker Iron Co	11. BIRTHPLACE (City and state or country) St. Louis MO	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Edward Manz	13b. MOTHER'S MAIDEN NAME Petronella Guenther	14. NAME OF HUSBAND OR WIFE Frances Kren Manz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> , or unknown) <input checked="" type="checkbox"/> No (If yes, give <u>what</u> dates of service)	17. INFORMANT Address Frances Manz 3822 S Compton (18)
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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 1 min.
IMMEDIATE CAUSE (a) Pulmonary infarction		
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Embolism of pulmonary artery	
	DUE TO (c) 466x	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Staphylococcal Septicemia	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
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from 6/15/61 to 9/1/61 and last saw ^{her} him alive on 8/31/61 Death occurred at 2/30 am on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Edward W. Galuschke MD	22b. ADDRESS 3701 Grand St	22c. DATE SIGNED 9/2/61
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23a. BURIAL, CREMATION, or other final (Specify) Burial	23b. DATE 9-5-1960	23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
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24. FUNERAL DIRECTOR ADDRESS Wingbermuehle 3819 S Grand Blvd.	25. DATE RECD. BY LOCAL REG. SEP 5 1961	26. REGISTRAR'S SIGNATURE Loed Smith MD
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Specified Site - St. Louis - Mo

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George J. Angbermelle

Licensed Embalmer No. 4611

P. O. Address St. Louis 18

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.