

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042683

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10639 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo. Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3910 Shaw Blvd Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3910 Shaw Blvd., Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Martha Middle A Last Manningman 4. DATE OF DEATH Month 11 Day 14 Year 61
 5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-3-1873 9. AGE (last birthday) 88
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept House 10b. KIND OF BUSINESS OR INDUSTRY House wife 11. BIRTHPLACE (City and state or country) England 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME William Fantom 13b. MOTHER'S MAIDEN NAME Don't know 14. NAME OF HUSBAND OR WIFE George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. No 17. INFORMANT Mrs. Alice Jenkins Address 3901 Shaw Blvd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease
 DUE TO (b) _____
 DUE TO (c) 420.0
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) General Arterio Sclerosis
 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 Dec 20 1955 to Nov-14-61 and last saw her alive on Nov 5 1961
 Death occurred at 11 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Hayden M.D. (Degree or title) 22b. ADDRESS 730 Hodeman 22c. DATE SIGNED 11/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-17-61 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) St. Louis County

24. FUNERAL DIRECTOR Weick Bros ADDRESS 2201 S. Grand 25. DATE RECD. BY LOCAL REG. NOV 16 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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

Robert M. Murr

Licensed Embalmer No. 3749

P. O. Address St Louis

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.