

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046609

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11901

STATE FILE NUMBER

AMENDED

FILED DEC 27 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY Missouri		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		Length of stay in 1b 37 YEARS	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1475 Goodfellow
3. NAME OF DECEASED (Type or print) First Lula Middle B Last Manion			4. DATE OF DEATH Month 12 Day 16 Year 61
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-28-92
9. AGE (last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (City and state or country) NEW MADRICK MISSOURI
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY DOMESTICTS	12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME JAMES WILLIAMS		13b. MOTHER'S MAIDEN NAME NELLIE PETTY	14. NAME OF HUSBAND OR WIFE JAMES MANION
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		17. INFORMANT Address RUTH MARTIN 1475, GOODFELLOW 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) Carcinoma of Pancreas with Metastasis to Lungs DUE TO (b) _____ DUE TO (c) 157x			INTERVAL BETWEEN ONSET AND DEATH Undet.
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 checked="" 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 11-26-61 to 12-16-61 and last saw ^{her} alive on 12-16-61 Death occurred at 12:48 P .m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chas. A. Foster, M.D.</i> (Degree or title)		22b. ADDRESS 2601 N. Whittier St.	22c. DATE SIGNED 12-18-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-21-61	23c. NAME OF CEMETERY OR CREMATORY greenwood CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS. MISSOURI
24. FUNERAL DIRECTOR <i>John H. Houston</i> ADDRESS 2812. THOMAS ST.		25. DATE RECD. BY LOCAL REG. DEC 20 1961	26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>

SHOULD READ

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 Arthur L. Halliard

Licensed Embalmer No. 4221

P. O. Address 760 Easton av

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.