

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 1003

9478

-62-036469

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED OCT 11 1962

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY HOSPITAL #2</u>		d. STREET ADDRESS <u>NO HOME</u>	
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>Robert</u> Last <u>MANION</u>		4. DATE OF DEATH Month <u>8</u> Day <u>1</u> Year <u>62</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>APR 17 1922</u> 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surviving AAA.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Surviving</u>	11. BIRTHPLACE (City and state or country) <u>Missouri (St. Louis)</u>
13a. FATHER'S NAME <u>Dr. John Mainion</u>		13b. MOTHER'S MAIDEN NAME <u>Dr. Zetta Kane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.II</u>		17. INFORMANT <u>HELEN L. TAYLOR CORONER (CLARK)</u> Address <u>1300</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>FRACTURED SKULL WITH CEREBRO AND CEREBELLAR HEMORRHAGE;</u> DUE TO (b) <u>APPARENTLY SUFFERED IN FALL TO SIDEWALK IN FRONT OF 4300 NORTH BROADWAY ON JULY 31, 1962</u> DUE TO (c) _____ 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. <u>903.5-44</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>(SEE ABOVE)</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>7-31-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET 09</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>ST. LOUIS MISSOURI</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>10:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Helen L. Taylor, Coroner</u>		22b. ADDRESS <u>1300 Clark Av.</u>	22c. DATE SIGNED <u>9-17-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rowland-Aker Mortuary Service</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
23b. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		23d. LOCATION (City, town, or county) (State) _____	
24. FUNERAL DIRECTOR'S ADDRESS <u>5800 Manchester Ave. St. Louis 10, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 4 1962</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

DATE AMENDED: 4/3/63, 4/3/63, 4/3/63  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:  
 INSTEAD OF: Robert Manion, Anatomical Board, 10/31/62--Rowland Aker Mortuary, 4/3/63  
 SHOULD READ: Thomas Robert Manion, Anatomical Board, 10/31/62--Calvin Feutz, Director, Rowland Aker Mortuary Service, 3/29/63--

USE BLACK INK OR TYPEWRITER RIBBON

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DOCUMENT

MEDICAL CERTIFICATION

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

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

STATEMENT BY LICENSED EMBALMER