

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014287

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 774

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution--Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		c. CITY OR TOWN St. Louis	
Length of stay in 1b 15 Yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 5712 Enright Ave	
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 Middle Last MYRTLE TUCKER MANSFIELD			4. DATE OF DEATH Month Day Year March 4, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/11/1896
9. AGE (last birthday) 66		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Marys, Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph K. Tucker	
13b. MOTHER'S MAIDEN NAME Mildred Pritchett		14. NAME OF HUSBAND OR WIFE Manny Sherman Mansfield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Address: Bloomington, Ill		Name: Mr. Thomas W. Cowdery 1120 East Grove	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic heart disease			6 yrs
DUE TO (c) 4/6			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cor pulmonale			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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOA/CIDE <input checked="" 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.	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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1958 to 1963 and last saw her/him alive on March 3, 1963 Death occurred at 230A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George A. Snake MD		(Degree or title)	22b. ADDRESS 950 Frances Pl
22c. DATE SIGNED 3-5-63			
23a. BURIAL, CREMATION REMOVAL (Specify)		23b. DATE 3/6/63	23c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Mo		(State)	
24. FUNERAL DIRECTOR Alexander & Sons		ADDRESS 6175 Delmar Blvd	25. DATE RECD. BY LOCAL REG. 3-5-63
26. REGISTRAR'S SIGNATURE John B. Mumfry MD			

USE BLACK INK OR TYPEWRITER RIBBON

Dr. George A. Mahe Jr
950 Francis Place
PA 7-5336

12:59pm 4/5/63

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 J. Allen Davis Jr
Licensed Embalmer No. 4653

P. O. Address March 4-63

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.