

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014288

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 793

FILED MAR 18 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cool Valley, Mo.		Length of stay in 1b 7 Yrs.	c. CITY OR TOWN Cool Valley,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4818 N. Hills La.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4818 N. Hills La.	
3. NAME OF DECEASED (Type or print) First Henry Middle Jacob Last Manthey			4. DATE OF DEATH Month March Day 5 Year 1963		
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 7-26-78	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist		10b. KIND OF BUSINESS OR INDUSTRY Machinist	11. BIRTHPLACE (City and state or country) Muscataine, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Manthey		13b. MOTHER'S MAIDEN NAME Anna Wiese		14. NAME OF HUSBAND OR WIFE Mrs. Marie Manthey (Krapp)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of war) No		16. SOCIAL SECURITY NO. 857	17. INFORMANT Address Miss Celestine Manthey - Cool Valley, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary arteriosclerosis with pulmonary cardiac failure					INTERVAL BETWEEN ONSET AND DEATH 4 1/2
DUE TO (b) A24 D with decompensation					years
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign prostatic hypertrophy with bladder obs					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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION	20f. COUNTY STATE
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from 12/23/1958 to 3/15/63 and last saw him alive on 3/15/63 Death occurred at 7:00 am 3/15/63 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Arthur S. Gandy</i> (Degree or title)		22b. ADDRESS 111 Chocoma Ferguson 35, Mo.		22c. DATE SIGNED 3/15/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-7-63	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		23d. LOCATION (City, town, or county) Florissant Mo.	
24. FUNERAL DIRECTOR White-Mullen Mortuary		ADDRESS Ferguson 35, Mo.		25. DATE RECD. BY LOCAL REG. 3-6-63	26. REGISTRAR'S SIGNATURE <i>John M. Murphy</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 Remond K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 35 Mo

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.