

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16580

State File No. ....

No. 300

10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **818** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4462**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		STREET ADDRESS (If rural, give location) <b>4707 Westminster Ave.</b>	
3. NAME OF DECEASED (Type or Print) <b>Hiram</b>		a. (First) <b>Manuel</b> b. (Middle) <b>Detwiler</b> c. (Last)	
4. DATE OF DEATH <b>May 18, 1955</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 11, 1907</b>	
9. AGE (In years last birthday) <b>48</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wilson L. Detwiler</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Merwin</b>	
14. NAME OF HUSBAND OR WIFE <b>Gale Detwiler</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>488-09-6832</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gale Detwiler, 4707 Westminster Ave</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Art. Kill. Heart Disease</b> ANTECEDENT CAUSES <b>Cong. Heart Failure</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Ch. Bronchitis</b> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<b>4200</b>	
22. I hereby certify that I attended the deceased from <b>10-23, 1950</b> , to <b>5-18, 1955</b> , that I last saw the deceased alive on <b>5-18, 1955</b> , and that death occurred at <b>11:10 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert G. Farrell</b>		23b. ADDRESS <b>624 N. Union</b>	
23c. DATE SIGNED <b>5/20/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>5-23-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
DATE REC'D BY LOCAL REG. <b>MAY 20 1955</b>		ADDRESS <b>4700 Washington.</b>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

---

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 *John S. Dennehy*.....

Licensed Embalmer No. *419*.....

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.