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FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23338
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BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Dardenne		c. CITY OR TOWN Glasgow Village	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 434 Crawford Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harbor Point - Dard. Slough			

3. NAME OF DECEASED (Type or Print)	a. (First) MANUEL	b. (Middle)	c. (Last) ANSEL	4. DATE OF DEATH (Month) (Day) (Year) July 16, 1955
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5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 11, 1916	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY News Dealer	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Julius Ansel	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Juanita Ansel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) n o	16. SOCIAL SECURITY NO. 494-05-1254	17. INFORMANT'S SIGNATURE OR NAME Mrs. M. Ansel-434 Crawford Rd.,	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Due to Accidental Drowning		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death. 850X 38		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Point View, St. C.	21c. (CITY, TOWN, OR TOWNSHIP) Dardenne (STATE) St. Chas. Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 16 55 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Boat turned over
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22. I hereby certify that I ~~attended the deceased~~ held inquest July 19, 1955, to July 19, 1955, that I last saw the deceased alive on July 19, 1955, and that death occurred at Point View, St. Charles, Mo. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Minnie M. Ansel</i> (Degree or title) <i>Cornor</i>	23b. ADDRESS <i>Wentzville, Mo.</i>	23c. DATE SIGNED <i>July 17, 1955</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/17/55	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	24d. LOCATION (City, town or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. July 23-55	REGISTRAR'S SIGNATURE <i>E.A. Kately</i> 280	25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman Rindfleisch</i> ADDRESS 5216 Phlox
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 10 1955

JUL 28 1955

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.....
Frank R. Rama

Licensed Embalmer No.....
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P. O. Address.....
St. Ch...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.