MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
38871

1. PLACE OF DEATH
County: St Louis
Township:
City: St Louis (No. 3 Capitol Sanitarium Ward)
Registration District No. 1403
Primary Registration District No. 7811
File No.
Registered No. 11315

2. FULL NAME Earl Everett Manwarren
(a) Residence. No. 5166 Enright Ave. Ward. 12
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rosalie Manwarren
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 17 - 1904
7. AGE: Years 25 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: American Express
(b) General nature of industry, business, or establishment in which employed (or employer): C & R
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): St L
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Otis Manwarren
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St L
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St L
(STATE OR COUNTRY)

14. INFORMANT: Mrs Rosalie Manwarren
(Address) 5166 Enright Ave
15. FILED: NOV 20 1929, 19 Henry C Kastor, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 18 1929
17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1929, to Nov 18, 1929, that I last saw h. alive on Nov 18, 1929, and that death occurred, on the date stated above, at 2 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
18 Purulent Meningitis
113 Meningococcus
Duration X (duration) X yrs. X mos. 4 ds.
CONTRIBUTORY (SECONDARY): Abscess Tooth
Infection from a decayed Tooth
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 5166 Enright Ave
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Spinal Puncture
(Signed) Howard M. Foster, M. D.
, 19 (Address) 4065 St. Louis Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Hope Cem | DATE OF BURIAL: Nov 21 1929
20. UNDERTAKER: Mullen Mud Co | ADDRESS: 5165 Delmar Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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[illegible]

9AM

4065a [illegible]