

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

Do not use this space.

37810

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St Louis (No. 4471 Olive St)

File No.....
 Registered No. 10916
 St..... Ward.....

2. FULL NAME

(a) Residence. No. # 4471 Olive St. 19 Ward.
 (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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura B. Mann.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 23 - 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 | 10 | 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmer
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

10. NAME OF FATHER Martin Mann.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Baldwin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT Mrs Myra G. Mann.
 (Address) # 4471 Olive St.

15. FILED NOV 19 1930 Miss C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18th 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1930, to Nov 18, 1930, that I last saw him alive on Nov 18, 1930, and that death occurred, on the date stated above, at 3:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - chronic

CONTRIBUTORS (SECONDARY) 700 (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (duration) ? yrs. mos. ds.

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam
 (Signed) John W. Underhill, M. D.

11-19-30 (Address) 408 West 13th

*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 Whitehall, Ill. DATE OF BURIAL 11-21-1930

20. UNDERTAKER C. Repton ADDRESS 4449 Ave. C

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

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.

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