

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

Do not use this space.

24263

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. 6379
Registered No. 6379
St. Ward)

2. FULL NAME

Henry H Mann
(a) Residence, No. 3627 1/2 Bamberger St., 16 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1893
7. AGE YEARS 39 MONTHS 0 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 135
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
13. NAME Sheephus Mann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Elizabeth Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Henry Mann (ADDRESS) 3627 1/2 Bamberger
18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick DATE 7-13-32

19. UNDERTAKER Staggen Kaldenle (ADDRESS) 2331 E Grand
20. FILED JUL 11 1932

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to July 10, 1932
I last saw him alive on July 7, 1932 Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset ?
23A
23B
Other contributory causes of importance:
①

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
'Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Frank J. Gange, M. D.
(Address) 3924 S Grand St. Wash U

MARGIN RESERVED FOR BIRDING
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.

