

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.

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

Do not use this space.

33864

NOV 27 1935

1. PLACE OF DEATH
County St. Louis Registration District No. 790
Township Central Primary Registration District No. 6033
City Clayton (No. St. Louis Co. Hosp.) St. _____ Ward _____

2. FULL NAME Baby Mann
(a) Residence, No. _____ St. _____ Ward. Clayton Mo.
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

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) Clayton, Mo.

13. NAME Jas. H. Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

15. MAIDEN NAME Audrey Wittmayer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo.

17. INFORMANT Jas. H. Mann
(ADDRESS) 1460 Olive Rd - Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ev. St. Paul's Bur. DATE 10-13-35

19. UNDERTAKER Baumgard Bros. Inc.
(ADDRESS) Overland, Mo.

20. FILED 10/12 1935 Del. J. Signorelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-14-35 4:25 AM, 19____, to 10-11-35 7 PM, 19____
I last saw him alive on 10-11-35 7 PM, 1935. Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:

Probable Septicemia
of Meningitis
15% Pulmonary Embolism

Other contributory causes of importance:
Septicemia due to septic infection
Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____, _____, _____, _____, _____
(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? _____
If so, specify _____
(Signed) R. F. Schilling, M. D.
(Address) St. Louis Co. Hosp.
Clayton, Mo.

