

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32950

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **5351 Delmar Blvd.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **2 yrs. 8 mos. 14 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Moses Mann

(a) Residence, No. **5351 Delmar Blvd.** St. **12**
 (Usual place of abode, if no street address, write county or city) (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**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 13, 1864**

7. AGE YEARS **73** MONTHS **2** DAYS **14** If LESS than 1 day, ... hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) **Near Gallatin, Mo.** (STATE OR COUNTRY)

13. NAME **Milton Mann**
 14. BIRTHPLACE (CITY OR TOWN) **Kentucky** (STATE OR COUNTRY)

15. MAIDEN NAME **Julia Ann Luck**
 16. BIRTHPLACE (CITY OR TOWN) **Manville, Kentucky** (STATE OR COUNTRY)

17. INFORMANT **Mrs. M. Waller** (ADDRESS) **5351 Delmar Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Lock Springs, Mo.** DATE **Sept 27, 1937**

19. FUNERAL DIRECTOR **Alexander & Sons** (ADDRESS) **617 S. Delmar Blvd.**

20. FILE **SEP 27 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 27, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **January 11, 33**, 19, to **Sept. 27, 37**, 19.
 I last saw him alive on **Sept. 26**, 19, Death is said to have occurred on the date stated above, at **12.45 A. M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Per Paralysis Agitans

Name of operation Date of
 What test confirmed diagnosis? **Phy. Ex.** 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 **Bolton Hammer**, M. D.
 (Signed) **Bolton Hammer** (Address) **5351 Delmar Blvd.**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A TEMPORARY 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.

STATEMENT BY LICENSED EMBALMER

I, Mrs. N. G. Alexander, Licensed Embalmer No. 2436

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. I.

No. 2436 assisted Car. Hurd L. E. _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Mrs. N. G. Alexander

Licensed Embalmer No. 2436

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)