REC'D MAY 6 1938

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

15803
Do not use this space.

3
1

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Clayton~~ — Primary Registration District No. 101 — Registered No. 664
(c) City Clayton — (d) Street No. St. Louis County Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Manning, Howard Edward 552
(a) Residence, No. 6235 Dowler, Pine Lawn, Mo. St.
(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): sinhle
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/22/38
7. AGE: YEARS 0 — MONTHS 0 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
9. Industry or business in which work was done, as 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) Mo. 0 1

FATHER
13. NAME Paul Manning
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 0

MOTHER
15. MAIDEN NAME Alma Myers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mother

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 4/13/38, 19

19. FUNERAL DIRECTOR (ADDRESS) Tanner Funeral Home 6107 Natural Bridge Road

20. FILED 4-12, 1938 T. R. Meyer M.D. Dr. P.H. 707
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/22/38, 19, to 4/10/38, 19
I last saw him alive on 4/10/38, 19 Death is said to have occurred on the date stated above, at 8:30P.M.
The principal cause of death and related causes of importance were as follows:

Infectious diarrhea — Date of onset
organism unknown
119B

Other contributory causes of importance:
Broncho Pneumonia

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) George M. Lovelace, M. D.
(Address) Go St Louis Co Hosp
Clayton - Mo

(Licensed Embalmer's Statement on Reverse Side)

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, L. B. Tanner, Licensed Embalmer No. 2922

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L. B. Tanner

Licensed Embalmer No. 2922

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