

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
13474

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis Mo.** (No. **563**)

Mo Baptist Hosp

File No. **3676**

Registered No.

St. Ward)

2. FULL NAME **Infant Manhart**

(a) Residence, No. **2107 a Forest St.** 4 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 **girl** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-9-40**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or 20 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) **St. Louis Mo.**

FATHER 13. NAME **Bester Manhart**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

MOTHER 15. MAIDEN NAME **Carlotta Thompson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT (ADDRESS) **Mo Baptist Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cem** DATE **4-25** 1940

19. UNDERTAKER (ADDRESS) **Ira Hamilton City Health Dept**

20. FILED **APR 25 1940** **J.P. Redick** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-9** 19**40**

22. I HEREBY CERTIFY, That I attended deceased from **April 9** 19**40** to **April 9** 19**40**
I last saw **her** alive on **April 9** 19**40**. Death is said to have occurred on the date stated above, at **12:50 p.m.**

The principal cause of death and related causes of importance were as follows:

Immature infant (6 months)
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Other contributory causes of importance:

Name of operation **none** Date of
What test confirmed diagnosis? Was there an autopsy?

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)? If so, specify

(Signed) **W. Sausbury**, M. D.
(Address) **3758 Lafayette**

