

10-39
7-39
X21492

State File No. _____

Registrar's No. 766

FILED MAY 8 1940

Registration District No. 789

Primary Registration District No. 117

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 813 Newport
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME AMOS W. MANN 500
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Selma Mann 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased May 2, 1880 5-2-69
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 16 _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Amos A. Mann
13. Birthplace Va.
(City, town, or county) (State or foreign country)
14. Maiden name Annie Blackmore
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Selma Mann
(b) Address 843 Newport at Concordia

17. (a) Burial (b) Date thereof 4-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Rob't. J Ambruster
(b) Address 6633 Clayton at Concordia

19. (a) APR 19 1940 (Date received local registrar)
[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18
year 1940 hour 5 AM minute _____ M.

21. I hereby certify that I attended the deceased from Feb 16, 1940, to 4/18, 1940;
that I last saw him alive on 4/15/40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart Condition
Coronary Disease
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
While at work? None (Specify type of place) (e) Means of injury None
23. Signature [Signature] (M. D. or other) MD
Address 671 E B in Dept Date signed 4/18/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Edward H. Bockhorst....., Registered Apprentice No.....
working under my personal supervision.

Signed

Edward H. Bockhorst

Licensed Embalmer No. *2502*

P. O. Address

Clayton Mo

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.)

If this body is not embalmed, above space should be left blank.