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4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 521

Registration District No. 1791 FEB 25 1947

Primary Registration District No. 1003

Registrar's No. 521

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

1. PLACE OF DEATH: St Louis
(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer B Phelps
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (2) Two Mo (Specify whether
In this community (5) Five Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County 000
(c) City or town St. Louis, Mo. 1726
(If outside city or town limits, write "RURAL")
(d) Street No. 1841a N. Broadway 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Fred Mannings
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race Col
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married
6. (b) Name of ~~husband~~ or wife Dimple Mannings
6. (c) Age of ~~husband~~ or wife if alive 27 years
7. Birth date of deceased July (Month) 15 (Day) 1903 (Year)

8. AGE: Years 37 Months 6 Days 2 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Miss (State or ~~foreign country~~)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name unknown
13. Birthplace " (City, town, or county) " (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) " (State or foreign country)
16. (a) Informant Nellie Woods
(b) Address 2734 Dayton
17. (a) Green Wood (Burial, ~~cremation, or removal~~) (b) Date thereof 1 (Month) 17 (Day) 1941 (Year)
(c) Place: burial or cremation Green Wood Cem
18. (a) Signature of funeral director Olin Parker & Hardman
(b) Address 2720 Dickson street
19. (a) JAN 17 1941 (Date received local registrar) (b) J. N. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th year 1941 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of left thigh producing hemorrhage with a single barrel shotgun in the hands of
Due to one Elijah Gross, Col., in the all alley in the rear of about 1833 No.
Due to Broadway about 1:00 P.M., January 12, 1941

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Homicide
(b) Date of occurrence Jan. 12, 1941
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place
(Specify type of place)
While at work? (e) Means of injury 5

23. Signature Fred Perry (M. D. or other)
Address Jeffrey Conn Date signed 1/17/41

(Licensed Embalmer's Statement on Reverse Side)

## 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~~ —, Registered Apprentice No. —, working under my personal supervision.

Signed C. L. [illegible]

Licensed Embalmer No. 2402

P. O. Address 2820 [illegible]

**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, fact should be so stated above.**