

REGISTRATION DISTRICT NO. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 1387

1. PLACE OF DEATH:

(a) County _____
 (b) City or town. St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DePaul Hosp. 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether
 In this community 6 weeks.
years, months or days)

3. (a) PRINT FULL NAME Frederick W. Mann

8. (b) If veteran, name war None 8. (c) Social Security No. 489-12-724

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July, 11, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>7</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Car Inspector

11. Industry or business Pittsburgh Testing Lab.

MOTHER { 12. Name William Mann

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lina Grassman

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Letty Rodman

(b) Address 5536 Pershing Ave.

17. (a) Removal (b) Date thereof 2/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsmouth Neb.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) FEB 11 1941 (b) [Signature]
(Date received final order) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Cass 999
 (c) City or town Plattsmouth 957R
(If outside city or town limits, write "RURAL")
 (d) Street No. Unknown 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 9 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
 year 1941 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from 2/8/41
 _____, 19____, to 2/11/41, 19____;
 that I last saw him alive on 2/11/41, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia 7 days

Due to _____

Due to _____

Other conditions Empyema of left lung 3 days
(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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] M. D. or other _____

Address 1059 N. Kingshighway Date signed 2/11/41

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

S. N. Mislachkin

1739 H Kingsbury way

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.