20
S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16923

Registration District No. 791 Primary Registration District No. Registrar's No. 4441

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days (Specify whether
In this community 13yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 123
(If outside city or town limits, write "RURAL")

(d) Street No. 2231 South Second St., 9
(If rural, give location)

(e) Citizen of foreign country? England (Yes or No)
If yes, name country England

3. (a) PRINT FULL NAME Edward Mann

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased December 21, 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	4	3	hr. min.

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name William Mann
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth (Unknown)
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-1-41
(Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W Ruth
(b) Address 3000 Rutgers

19. (a) MAY 27 1941 (Date received local registrar) (b) J H Bridgeh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24, year 1941 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from April 3, 1941 to April 24, 1941; that I last saw him alive on April 24, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart	
Due to Disease	
Due to	
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] M.D.
Address 1515 Lafayette Avenue, Date signed 4/25/41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.