

3895

No. 2

-1-4-41

5-17-39

X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **20568**Registrar's No. **5380**Registration District No. **791**Primary Registration District No. **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. **4 Days**
 (Specify whether
 In this community. **30**
 years, months or days)

3. (a) PRINT FULL NAME **Frank Mann**3. (b) If veteran,
name war.....3. (c) Social Security
No. **none**4. Sex **male** 0 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..... years7. Birth date of deceased. **September 2 1906**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
34 9 25 hr. min.9. Birthplace. **Charlesroy Pennsylvania**
(City, town, or county) (State or foreign country)10. Usual occupation **salesman**

11. Industry or business.....

MOTHER FATHER { 12. Name **Harry Mann**13. Birthplace **England**
(City, town, or county) (State or foreign country)14. Maiden name. **Maude Kenyon**15. Birthplace **England**
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs. E. F. Rich**(b) Address **7211 Sharp Ave.**17. (a) **Burial** (b) Date thereof **6-30-41**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Sunset Burial Park**18. (a) Signature of funeral director **John J. Ziegenhain, Jr.**(b) Address **7027 Gravois Ave.**19. (a) **JUN 30 1941** (b) **J. W. Medeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1109 Walton**
 (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**,
year **1941** hour **1:15** minute **A.** M.21. I hereby certify that I attended the deceased from **June 24**,
19**41** to **June 27**, 19**41**;that I last saw him alive on **June 27**, 19**41**;
and that death occurred on the date and hour stated above.Immediate cause of death. **Epilepsy** Duration

Due to.....

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 sta-
tistically.

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 **John E. Pufschick** M. D. or other
Address **1515 Lafayette Ave.** Date signed **6/27/41**

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

B. P. Kidwell

Licensed Embalmer No... *3877*

P. O. Address... *7027 Travis*

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.