

S. No. 2
M-1-4-41
v. 5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

State File No. 23529

Registrar's No. 5881

000
17
9

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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 13 Days
(Specify whether years, months or days)

-In this community 0
years, months or days

3. (a) PRINT FULL NAME Thomas Mangan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sarah A. Mangan,

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

7. Birth date of deceased Feb. 10, 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 8
If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed Bookkeeper

11. Industry or business

MOTHER FATHER {

12. Name Simon Mangan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Keating

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Mangan Jr.

(b) Address 3644 Natural Bridge

17. (a) Burial (b) Date thereof 7/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 2117 E. Grand Blvd.

19. JUL 18 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3518 Hebert Str.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18,
year 1941 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from July 6, 1941 to July 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomas of Prostate 518
Chronic Myocarditis

Due to 518

Due to 518

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN None
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? 0 (e) Means of injury 0

23. Signature R. O. Mulligan (M. D. 0)
Address 1515 Lafayette Ave. Date signed 7/18/41

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, fact should be so stated above.