S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41984

Registration District No. 784 Primary Registration District No. 208 Registrar's No. 2806

1. PLACE OF DEATH
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. Nov. 25, 1942. (Specify whether
In this community: since 11/25/42.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 12
(c) City or town: Poplar Bluff, 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 205 S. Broadway,
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: Floyd O. Mann

3. (b) If veteran, name war: World War - 1918

3. (c) Social Security No. 487-28-9966

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: May (Month) 7, (Day) 1895 (Year)

8. AGE: Years 47 Months 7 Days 22 If less than one day hr. min.

9. Birthplace: Lebanon, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Mess Attendant

11. Industry or business: -

MOTHER FATHER

12. Name: Alvin Mann

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

14. Maiden name: Fisle Brewer

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

16. (a) Informant: M. Schulley
(b) Address: Clirical Clerk, VAF, Jeff.Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: December 29-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield, Missouri

18. (a) Signature of funeral director: C. Hoffmeister U.&L.Co.
(b) Address: 7814 S. Broadway

19. (a) DEC 31 1942 (Date received local registrar) (b) C. G. McFarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th, year 1942 hour 9:35 minute a. M.

21. I hereby certify that I attended the deceased from November 25, 1942, to December 29, 1942, that I last saw him alive on December 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis, generalized. — About 8 days (Duration)

Due to: Ulcer, gangrenous, perforating, terminal ileum and cecum. — Abt. 2 wks

Due to: 17a1

Other conditions (Include pregnancy within 3 months of death): Ileitis, terminal, chronic. — Abt. 7 wks
Cecitis, chronic. — Abt. 7 wks

Major findings: Of operations: Celiotomy, exteriorization of cecum and terminal ileum & drainage 12/28/42.
Of autopsy: Autopsy not granted.

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): No
(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: Means of injury:

23. Signature: L. M. GOCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer Date signed 12/29/42

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1943

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

Louis C. Hoffmeister, Registered Apprentice No.

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadw

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.