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 JUN 25 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19704

Primary Registration District No. 1003

Registrar's No. 5502

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
In this community Unknown (Specify whether years, months or days)

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. Whittier Courts - apts
(If rural, give location)

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

3. (a) PRINT FULL NAME Manerva Howard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race Col.

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

6. (b) Name of husband or wife Phillip J. Flake

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 5 (Month) 4 (Day) 1905 (Year)

8. AGE: Years 38 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Trained Nurse

11. Industry or business Homer Phillips Hos

FATHER
12. Name Un Known
13. Birthplace — — (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Un Known
15. Birthplace — — — (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Phillip J. Flake
(b) Address 4322 A Cleopard.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G. W. Bruce
(b) Address 3837 Garrison

19. (a) JUN 16 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13, year 1943 hour 7 minute 17 A. M.

21. I hereby certify that I attended the deceased from June 6, 1943 to June 13, 1943 that I last saw her alive on June 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	Unk.
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 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 William H. Ankler (M. D. or other)

Address Shawnee Date signed 6/15/43

(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~~ me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 33710

P. O. Address St Louis

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.