V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21994

FILED JUN 26 1946

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5449

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 931 W. Walnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph James Mangan III

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 11 (Day) 1946 (Year)

8. AGE: Years 0 | Months 1 | Days 7 | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Joseph James Mangan Jr.
13. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Helen Louise Brown
15. Birthplace Mountain Grove (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Helen Mangan
(b) Address Springfield, Mo. 21

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 19 1946 (Date received local registrar) J. F. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18 year 46 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-25-1946 to 6-18-1946 that I last saw him alive on 6-18-1946 and that death occurred on the date and hour stated above.

Immediate cause of death Staph. Albus Sepsis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

20843

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 John Ogorioski

Licensed Embalmer No. 3398

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.