V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1946

State File No. 25507

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6390

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: 2346aMenard St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 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. 2346a Menard St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joyce Ann Mann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 25, 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
1	0	23	hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name William P. Mann
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Marcella Baugner
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lesli Baugher
(b) Address 2346a Menard St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 20 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/18/46 day Thursday
year 1946 hour 330 PM minute M.

21. I hereby certify that I attended the deceased from 5/10/46, 19, to 7/18/, 1946
that I last saw her alive on 7/12/46, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism

Due to Lymphosarcoma of left eye orbit with metastasis

Due to to lymph glands etc

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy 6/24/46 at St John Hospital of Lymph gland
Of autopsy Neck = Lymphosarcoma

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 Walter A. Zeiller M.D. (M. D. or other)

Address 2013 Salisbury St Date signed 7/19/46

(Licensed Embalmer's Statement on Reverse Side)

[illegible] to be filed JUL 20 1946

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.....

Licensed Embalmer No.....

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.