

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3940**

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Billy Mann**

3. (b) If veteran, name war **World War II** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... **Jean Mann**
6. (c) Age of husband or wife if alive..... **24** years
7. Birth date of deceased **October 23 1921**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 5 23 hr. min.

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

10. Usual occupation **Usher**

11. Industry or business **Theatre**

12. Name **Carson Mann**

13. Birthplace **Dent Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Lulu Bell**

15. Birthplace **Dent Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marvin Mann**

(b) Address **Esther, Mo.**

17. (a) **Burial** (b) Date thereof **4-18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flat River, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **APR 15 1947** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois** **94**
(c) City or town **Esther**
(If outside city or town limits, write "RURAL") **NR. 0**
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **1**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**
year **1947** hour **8** minute **00** A.M.

21. I hereby certify that I attended the deceased from **March 27**, 1947, to **April 14**, 1947,
that I last saw him alive on **April 14 (6:30 PM)**, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **Sarcoma of left lung met to chest & brain** Duration **several months**
Due to **Primary Site**
Due to.....

Other conditions (Include pregnancy within 3 months of death) **55**

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) Means of injury..... **2**

23. Signature **Dr. R. K. Ralston** (M. D. or other) **Dr**

Address **Dr. Ralston** Date signed **4/15/47**

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

MOTHER FATHER

APR 28 1957

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

J. Allen Raper Jr

Licensed Embalmer No. *4958*

P. O. Address *St Louis Mo*

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.