

National Office of Vital Statistics
FILED JUN 23 1947
#91958-318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5725

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
one week (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. 3959 West Pine BL
Memorial (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HORACE MANN
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1947 hour 9:25 minute A M.
21. I hereby certify that I attended the deceased from 6/2/47
..... 19....., to June 9th, 19 47
that I last saw him alive on June 9th
and that death occurred on the date and hour stated above. Duration

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eva Mann 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased.....
(Month) aug (Day) 31 (Year) 1882

Immediate cause of death.....
Degenerative Heart Disease with Cardiac failure

8. AGE: Years 94 Months 9 Days 10 If less than one day
..... hr. min.

Due to.....
Due to.....
Other conditions..... sanity
(Include pregnancy within 3 months of death)

9. Birthplace Hatick, Mass.
(City, town, or county) (State or foreign country)
10. Usual occupation Shoe Factory Rep.
11. Industry or business Mound City, Phil Co.
12. Name William Mann
13. Birthplace Sherborne, Mass.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Mann
15. Birthplace New York State
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant Eugene Romond Mann
(b) Address 19312 2nd Ave St.
17. (a) Burial (b) Date thereof 6-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kalshala Cem.
18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4453 Washington Bl.
19. (a) JUN 10 1947 (b) J. F. Bruncek
(Date received local registrar) (Registrar's signature)

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 Wm J. Johnson Date signed 6/14/47
Address 1515 Lafayette

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

MOTHER FATHER

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 _____

Rex Campbell

Licensed Embalmer No. _____

3881

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.