S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22479

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8203

1. PLACE OF DEATH:

(a) County

(b) City or town St. LouisMo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 1/26/42/6/16/47 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 5800 Arsenal St. (If rural, give location) 9

13

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

If yes, name country

3. (a) PRINT FULL NAME Fannie Manning

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 2

5. Color or race Color

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 28 (Day) 1878 (Year)

8. AGE: Years 68 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country) 1

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Bryant Hinton
13. Birthplace South Carolina (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Sallie ?
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 6-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Ridgway

19. (a) JUN 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1947 hour 8 minute 35p. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1947 to 6/16/, 1947; that I last saw her alive on June16/, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the breast	2½ yrs
Due to metastasis to the abdomen	2 yrs
Due to	
Other conditions: sclerotic heart disease (Include pregnancy within 3 months of death)	
Senility	

Major findings:
Of operations 50

Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature W. P. Shorne (M. D. or other)

Address 5600 Arsenal Date signed 6-17-47

Jefferson City Printing Co. (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:.....

....., 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.