. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32781

FILED SEP 23 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8714

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community

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. 1432 S Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elnora Manning
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) Unknown (Day) (Year) 1904

8. AGE: Years about 43 Months Days If less than one day hr. min.
9. Birthplace Miss (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Curry
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant A. H. Burks
(b) Address 2122 Carondelet
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director A. H. Burks
(b) Address 2122 Carondelet
19. (a) SEP 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 10 year 1947 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 2, 1947, to Sept. 10, 1947; that I last saw her alive on Sept. 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cervix, Carcinoma, Epidermoid	Undet.
Due to	
Due to	
Other conditions Hydronephrosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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
23. Signature John B. Clayton (M. D. or other)
Address 2601 N Whittier Date signed 9/11/47

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 Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Waymire St. Chester Graves

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.