

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

339942
State File No. 339942
Registrar's No. 10103

Registration District No. 318 Primary Registration District No. 1003

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:
3962A Lincoln Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community About 29 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3962 A Lincoln Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Delbert Mandrell
(b) If veteran, name war no (c) Social Security No. 489-05-0022

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evelyn Mandrell 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased 2 3 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 9 5 hr. min.

9. Birthplace Wayin Co. ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation Formann Presser

11. Industry or business R.C. Can Co.

12. Name Charles Mandrell

13. Birthplace Wayin Co. ILL.
(City, town, or county) (State or foreign country)

14. Maiden name Ida Brodford

15. Birthplace unknown ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Evelyn Mandrell

(b) Address 3962a Lincoln, Ave.

17. (a) Burial (b) Date thereof 11-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2288 St. Louis Ave.

19. (a) NOV 12 1947 (b) J. F. Braneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8
year 1947 hour 6 minute 10 a.m.

21. I hereby certify that I attended the deceased from May 1 1947 to Nov 8 1947
that I last saw him alive on Nov 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Oedema of lungs Duration 8 hours

Due to decompensation of heart 3 months

Due to chronic myo & endo carditis 2 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Delbert Mandrell (M. D. or other) M.D.

Address 4501a Manchester Date signed 11-10-47

WRITE PLAINLY—USE 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.....
Licensed Embalmer No. 4053
P. O. Address St Louis

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.