No. 2
1/47
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. 31246

Registration District No. 318 (REDOCT 1 1948)

Primary Registration District No. 1003

Registrar's No. 8234

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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. 3707 North 11th Street.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Toni Marilyn Mann
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 8 (Day) 1948 (Year)
8. AGE: Years | Months 6 | Days 11 | If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Tony Mann
13. Birthplace Mills Springs (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Marie Clay
15. Birthplace Piedmont (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Tony Mann
(b) Address 3707 North 11th Street.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) SEP 20 1948 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19 year 48 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 9-19, 1948 to 9-19, 1948 that I last saw her alive on 9-19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchiolitis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature (M. D. or other)
Address Date signed

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. 2646

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.