

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39781
Registrar's No. 04585

317

6076

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 39781		Registrar's No. 04585			
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GARDENVILLE</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMAY</u>		96					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MILLER NURSING HOME #4</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. 9</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) _____		c. (Last) <u>MANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2 1949</u>					
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>NOV 22 1874</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bethelville Ark</u>			12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Philip Mann</u>			13b. MOTHER'S MAIDEN NAME <u>Josaphis Britt</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Marjorie Kelly</u>				ADDRESS <u>2331 Millham</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver (carcinoma)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u> <u>156A</u>			
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						22. I hereby certify that I attended the deceased from <u>12/1/49</u> to <u>12/2/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec. 2, 1949</u> , and that death occurred at <u>12:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. H. Malters M.D.</u> (Degree or title)				23b. ADDRESS <u>3608 So. Grand Blvd</u>				23c. DATE SIGNED <u>12/3/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 5 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETER & PAUL CEM</u>		24d. LOCATION (City, town, or county) <u>St Louis</u> (State) <u>MO.</u>		DATE REC'D BY LOCAL REG. <u>DEC 3 1949</u> REGISTRAR'S SIGNATURE <u>Herbert R. Dombey</u> FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie Kelly</u> ADDRESS _____			

822-4 (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 3791

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.

ENCLOSURE