

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21790

318

1003

Registrar's No. 5318

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				0	
Mo. Pacific Hospital				3625 Chippewa St.					
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		
WILLIE			B.		MANN		4. DATE OF DEATH (Month) (Day) (Year)		
June 16 1950			5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
Female			White		Married		8. DATE OF BIRTH		
9. AGE (In years last birthday)			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		
69			Housework				Roodhouse, Ill. /		
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			
			Hardin Garner			Sarah Jane Brown			
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			
Alexander Mann			No			17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
Alexander Mann 3625 Chippewa St.			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			II. OTHER SIGNIFICANT CONDITIONS			INTERVAL BETWEEN ONSET AND DEATH			
Debility			Antecedent Causes			1945			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)			(5 year)			
DUE TO (c)			Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION			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?			
						170X			
22. I hereby certify that I attended the deceased from <u>7 April, 1950</u> , to <u>16 June, 1950</u> , that I last saw the deceased alive on <u>16 June, 1950</u> , and that death occurred at <u>7:10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (J. Naryka)			23b. ADDRESS			23c. DATE SIGNED			
J. Naryka (M.D.)			1600 N. 1st St.			16 June 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
Burial		June 19, 1950		Valhalla Cemetery		St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG.			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
JUN 18 1950			J. Blaser			Kriegshauser 4228 S. Kingshighway Bl.			

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edwin M. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *3024*

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.