

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25040

BIRTH NO. 44939-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6748

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 Hr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2179		d. STREET ADDRESS (If rural, give location) 3629 McRee
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethes da, Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) EARL c. (Last) MANNING			4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1950		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant //	8. DATE OF BIRTH 7-12-1950	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Clarence Manning		13b. MOTHER'S MAIDEN NAME C lovie Stovall	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Manning, 3629 McRee		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dehydration DUE TO (c) gastro intestinal upset II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had impetigo last week				INTERVAL BETWEEN ONSET AND DEATH 3 day 1 day 3 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7630			
22. I hereby certify that I attended the deceased from July 13, 1950, to 8-7-50, 1950, that I last saw the deceased alive on Aug 7, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John W. Lynn, M.D.			23b. ADDRESS 1715 So 39th St. St. Louis, Mo.		23c. DATE SIGNED 8-7-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-8-1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) St. Louis County		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 8 1950	REGISTRAR'S SIGNATURE J B Sasser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. O'Laughlin Funeral Home, 2301 Lafayette		

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. R. Chapman*

Licensed Embalmer No. *4552*

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.