

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39392
9880

State File No. 1003
Registrar's No.

BIRTH NO. 72464-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	
c. LENGTH OF STAY (In this place) <u>7 hrs</u>		d. DATE OF DEATH (Month) (Day) (Year) <u>10-30-51</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Infirmary</u>		e. STREET ADDRESS (If rural, give location) <u>1416 Papin</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Marie</u> c. (Last) <u>Manning</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>10-30-50</u>
9. AGE (In years last birthday) <u>1</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	
13a. FATHER'S NAME <u>Walter Manning</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Mae Jones</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or name of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Mae Manning (mother)</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurity</u> ANTÉCEDENT 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.	
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? <u>776X</u>		22. I hereby certify that I attended the deceased from <u>1-05-10-30 1951</u> , to <u>7:50 am 10-30 1951</u> , that I last saw the deceased alive on <u>10-30</u> , 1951, and that death occurred at <u>6:05 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>1536 Papin St Louis Mo</u>	
23c. DATE SIGNED <u>10-30-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>NOV 8 1951</u>		24c. NAME OF FUNERAL HOME OR CEMETERY <u>Rowland Mortuary Service</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>NOV 8</u>		ADDRESS <u>4104 Manchester Ave.</u>	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.