

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1952

State File No. 6603

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1484

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| 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) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 4428a North Broadway | | d. STREET ADDRESS (If rural, give location) 4428a North Broadway | |
| 3. NAME OF DECEASED a. (First) Murge (Type or Print) | | c. (Last) Mann | |
| 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH Sept. 9, 1890 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | |
| 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME William Hartwig | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Late Enory Mann | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Edwin Engel, 4428a N. Broadway | |

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|---|--|--|----------------------------------|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot gun wound of skull and brain, suffered under shot with shot gun thru head of | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) deceased in hallway of home | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | 4428a No Brady around 12:11 am Feb 16 1952 | | |

| | | |
|--|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Homicide | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis, Mo. |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb 16 5:20 PM | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 6981X |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:11 A.M., from the causes and on the date stated above.

| | | | |
|--|--|---|---|
| 23a. SIGNATURE Reginald L. Green | (Degree or title) Deputy Registrar | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 2/16/52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Feb. 18, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| DATE REC'D BY LOCAL REG. FEB 16 1952 | REGISTRAR'S SIGNATURE J. Carl Smith | F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und. Co., 2223 St. Louis Av. | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

John P. Buckholz

Licensed Embalmer No. _____

1674

P. O. Address _____

2223 Bohemia Ave

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.