

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20935

State File No.

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4593	
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) 3 WKS		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Paul Hospital				e. STREET ADDRESS (If rural, give location) 3959 West Pine Bl. 21990			
3. NAME OF DECEASED (Type or Print) a. (First) Newietta		b. (Middle) _____		c. (Last) Mann		4. DATE OF DEATH (Month) (Day) (Year) May 27 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 2 1875	
9. AGE (In years last birthday) 78		10. MONTHS 10		11. DAYS 20		12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY Good Will and		11. BIRTH PLACE (City and State or Foreign Country) Dorchester Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mary Beere		14. NAME OF HUSBAND OR WIFE Harree 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 Mrs. J. L. Hartling 680 Paisano Bl.			
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) Anemia				INTERVAL BETWEEN ONSET AND DEATH 6 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive - Cardio-Neuritic				yes <input checked="" type="checkbox"/>	
		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442x			
22. I hereby certify that I attended the deceased from May 5, 1954 to May 22, 1954 , that I last saw the deceased alive on May 21, 1954 , and that death occurred at 5:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Uelhu Sundblad M.D.				23b. ADDRESS 2202 University		23c. DATE SIGNED May 27, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 24/54		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.		24d. LOCATION (City, town, or county) (State) St. Charles Mo. Mo.	
DATE REC'D BY LOCAL REG. MAY 24 1954		REGISTRAR'S SIGNATURE Carl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bull-Campbell Mortuary 5165 Delmar Mo			

(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.....
Signature of Student Embalmer

Signed *Rex E Campbell*

Licensed Embalmer No. *38*

P. O. Address *5165 Hulmar*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.