

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. **39009**

318

1003

Registrar's No. **10029**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>30 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>4149 a West Belle</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		2119	
3. NAME OF DECEASED a. (First) <b>Paul</b> b. (Middle) <b>Phelps</b> c. (Last) <b>Manson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 1, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 21, 1903</b>
9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>S&amp;S Printing Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lebanon, Tennessee</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Robert A. Manson</b>		13b. MOTHER'S MAIDEN NAME <b>Molie Harris</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes-no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>493-05-3941</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jesse Jackson</b> ADDRESS <b>3133 Lambdin Avenue</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia (Pneumococcus type 3)</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aneurysm of aorta</b></p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>022x</b>
22. I hereby certify that I attended the deceased from <b>Oct. 25, 1954</b> , to <b>Nov. 1, 1954</b> , that I last saw the deceased alive on <b>Nov. 1, 1954</b> , and that death occurred at <b>2:03 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>C. J. Vermillion, M.D.</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>11/2/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/6/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
DATE REC'D BY LOCAL REG. <b>NOV 5 1954</b>	REGISTRAR'S SIGNATURE <b>Charles J. Gates</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b> ADDRESS <b>4107 Finney Avenue</b>	

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

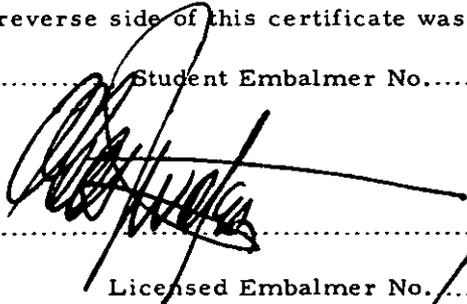
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 18

P. O. Address 4107 Finne

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.