

16.300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1956

State File No. **43504**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10748**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN E. St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 WEEKS		STREET ADDRESS (If rural, give location) 1824 Missouri Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S INFIRMARY			

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle)	c. (Last) Mann	4. DATE OF DEATH (Month) (Day) (Year) 11-22-56
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20, 1898
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 6 Days 02	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unemployed	11. BIRTHPLACE (City and State or Foreign Country) Brownsville, Tennessee
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE Mrs. Nina Mann
--------------------------	---------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Nina Mann ADDRESS 1824 Missouri
--	-------------------------------	---

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - Septicemia		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis Gangrene of legs		
	DUE TO (c) Empyema of lung		
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **7:5**, 19**56**, to **11/22**, 19**56**, that I last saw the deceased alive on **11/22**, 19**56**, and that death occurred at **6:45 Am.**, from the causes and on the date stated above.

23. SIGNATURE Edgar F. Woodson (Degree or title) M.D.	23b. ADDRESS 930 N. LINDA	23c. DATE SIGNED 11/23/56
---	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL	24b. DATE 11-26-56	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.
---------------------------------	---------------------------	---	---

DATE REC'D BY LOCAL REG. NOV 26 1956	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE O. J. Nash Funeral Home ADDRESS 111 N. 13th Street
---	---	---

m. j. B. (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 *M. Frances Has*.....
Licensed Embalmer No. *145*.....

P. O. Address *3847 B*.....

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.