

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6602

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1518

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospital # 1		d. STREET ADDRESS (If rural, give location) 4428a N. Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) Emory b. (Middle) Z. c. (Last) Mann		4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 17, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Punch Press Operator		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Car	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) Redford, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ike Mann		13b. MOTHER'S MAIDEN NAME Ann Dinkins	
14. NAME OF HUSBAND OR WIFE Merge Mann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 488-01-0570		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernice Morris	
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.		19. ADDRESS 1421 Benton Str.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH a. <i>Shotgun wound of skull and brain, self-inflicted with shotgun on hand at 4428 a No 8 Wpky after deceased had shot his wife dead. 12:11 AM Feb 16 1952</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES b. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. c. 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 Suicide	
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 52 12A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>E976K</i>		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 12:16A m., from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) Patrick E. Taylor M.D.		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 2.18.52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal IL	
24b. DATE 2-18-52		24c. NAME OF CEMETERY OR CREMATORY Mann Cemetery	
24d. LOCATION (City, town, or county) (State) Riverside, MO.		25. FUNERAL DIRECTOR'S SIGNATURE SUEDEMEYER & SON'S	
DATE REC'D BY LOCAL REG. FEB 18 1952		ADDRESS 3934 N. 20th. Street	

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

Gustav W. Dittus

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

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.