MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35008

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No. 99
Township Central — Primary Registration District No. 4470 — Registered No.
City University City (No. 7344 Pershing a St. Ward)

2. FULL NAME Mary Mannion
(a) Residence. No. 7344 Pershing St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1881
7. AGE: YEARS 48 — MONTHS — DAYS — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

PARENTS
10. NAME OF FATHER Ferdinand Mannion
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iceland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) " "

14. INFORMANT Edw J Mannion
(Address) 7344 Pershing a
15. FILED 10-7, 1929 Virginia Tuckschmidt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-6 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Oct 6, 1929, that I last saw her alive on Oct 3, 1929, and that death occurred, on the date stated above, at 10 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
126
95R
Acute Cardiac dilation
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Gall Stone disease
(duration) 1 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED? Place of death
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? usual symptoms
(Signed) William T Hirschi, M. D.
10/7, 1929 (Address) 3500 N Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: 10-8 1929
20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Wash St

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
V. S. No. 2.

NOV 9 1929
96
23
7
262
1
10
31
123

Mr T Hurichi
3500 N Grand

Co 8190
1-3