

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

Do not use this space.

21381

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. Lutheran Hospital)

File No. ....  
Registered No. 6254  
.....St. ....Ward)

**2. FULL NAME**

Walter A. Manion  
(a) Residence. No. 3869<sup>2</sup> Connecticut St., 16 Ward.

(If nonresident, give city or town and State)

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 Male 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) Sept 4-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 9 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Clerk (Young)  
(b) General nature of industry, business, or establishment in which employed (or employer) E. W. Finice Co.  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Patrick Manion

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Jolly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Patrick Manion  
(Address) 3869<sup>2</sup> Connecticut St

15. FILED 21 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25-1930

17. I HEREBY CERTIFY, That I notified deceased from June 20, 1930, to June 25, 1930, that I last saw him alive on June 24, 1930, and that death occurred, on the date stated above, at 12:40 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gangrenous Appendicitis  
121A  
17?

(duration) yrs. mos. ds.  
CONTRIBUTORY Frisonitis  
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 20

19. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs  
(Signed) W. Waldbury, M. D.

June 16, 1930 (Address) 3115 S. Grand Blvd

\*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 Cemetery DATE OF BURIAL June 28 1930

20. UNDERTAKER Leitz Bros 3029 Lafayette

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.

Her Handover

At [unclear]

by [unclear]