

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

Do not use this space.

6344

1. PLACE OF DEATH

County..... Registration District No. 78
 Township..... Primary Registration District No. 1038
 City St. Louis Children's (No Hospital, 500 S. Kings highway) St. Ward

File No.
 Registered No. 1376

2. FULL NAME

Jean (Manier) Manier
 (a) Residence, No. 7511 Reilly St. Ward 1
 (Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 22, 1931</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>5</u>
		<u>18</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>child</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation..... <u>10 7/8</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
FATHER	13. NAME <u>Joseph Manier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	<u>3</u>
MOTHER	15. MAIDEN NAME <u>Pearl Chaplain</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bradley, Illinois</u>	<u>2</u>
17. INFORMANT <u>M. Merschmann</u> (ADDRESS) <u>500 S. Kings highway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mathew's</u> DATE <u>2-12</u> 19 <u>32</u>		
19. UNDERTAKER <u>C. Hoffmeister H & Co.</u> (ADDRESS) <u>7814 So Broadway</u>		
20. FILED <u>FEB 11 1932</u> <u>W. C. J. Manier</u> Registry.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1932 to 2/9 1932
 I last saw h.c. alive on 2/9 1932 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Secondary Bronchopneumonia non-tubercular Date of onset 1/28/32
Bronchitis acuta 1/1/32
Pertussis? 1/7/32

Other contributory causes of importance:
Bronchitis acuta 1/1/32
Pertussis? 1/7/32

Name of operation Autopsy Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... D
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) Lawrence Goldner, M. D.
 (Address) St. Louis Children's Hosp

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.

