

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

Do not use this space.

14636

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1212

City St. Louis (No. City Hospital)

File No.

Registered No. 4025

St. Ward)

2. FULL NAME

(a) Residence, No. 22714 So. 10th St. Ward. 023

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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) Mar. 25-1858

7. AGE YEARS 74 MONTHS DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoe cobbler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerseyville, Illinois

13. NAME John Manning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Maria Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Hospital Information Office, City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Sorento Hill DATE 4-27-32

19. UNDERTAKER (ADDRESS) Hordan & Foran, Sorento Hill

20. FILED APR 25 1932 Max E. Stankov Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23rd 1932

22. I HEREBY CERTIFY That I attended deceased from Mar. 19th 1932 to April 23rd 1932

I last saw him alive on April 23rd 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

108
Cerebral hemorrhage
lobar pneumonia

Other contributory causes of importance: 108 1

Name of operation Date of
What test confirmed diagnosis? Chumal Was there an autopsy? no

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify J. E. Scherman M. D.

(Signed) J. E. Scherman M. D.
(Address) City Hospital

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.

