

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

Do not use this space.

42018

**1. PLACE OF DEATH**

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

Registration District No. 304  
Primary Registration District No. 11141

File No. 11141  
Registered No. 11141  
St. St. Louis Ward 10

**2. FULL NAME**

(a) Residence, No. 2539 Street Janney St. St. Louis Ward 10  
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the words) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4 - 1922</u>		
7. AGE	YEARS <u>—</u>	MONTHS <u>6</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>St. Louis</u>		
FATHER	13. NAME <u>Frank J. Manion</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Josephine J. Grotzer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Frank J. Manion</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u>		
19. UNDERTAKER (ADDRESS) <u>John J. Manion</u>		
20. FILED <u>FEB 15 1932</u> 19 <u>32</u>		

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR)  
Dec 14 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-11-32, 1932, to 12-14-32, 1932.  
I last saw h. or alive on 12-14-32, 1932. Death is said to have occurred on the date stated above, at 11:30 m.  
The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia  
Secondary  
107 A  
89 A  
104 A  
Other contributory causes of importance:  
Acute Rhinopharyngitis  
Otitis Media

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932.  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) D. C. Taylor M. D.  
(Address) 500 So. Kingshighway

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.

