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.

MAR 4 1936

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

ISOLATION HOSPITAL 291 1003

Do not use this space.

8156

File No. 1835

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. , St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Katherine Manion

(a) Residence, No. 8628 Murry Lane St., 8 Ward.
(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: 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) April 23 · 1893

7. AGE: Years 42 | Months 9 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Jan. 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Missouri

FATHER

13. NAME Tim Manion

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

MOTHER

15. MAIDEN NAME Marguerite Brone

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

17. INFORMANT (ADDRESS) Soldiers Hospital Record

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Feb 20 1936

19. UNDERTAKER Harry J. Schemmyel
(ADDRESS) 5195 Vernon

20. FILED 2-19 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 - 1936 to Feb 17 1936

I last saw her alive on Feb 17 1936. Death is said to have occurred on the date stated above, at 9 10 m.

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

Chronic Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Plevo Date of

What test confirmed diagnosis? X-Ray Lab Was there an autopsy? No Refused

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?

If so, specify

(Signed) G. C. Smith, M. D.

(Address) ISOLATION HOSPITAL