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.

APR 11 1936

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

Do not use this space.

8620

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2329

Township ..... Primary Registration District No. 1003 Registered No. 2329

City St. Louis (No. 4028 N. Market St. ..... Ward)

2. FULL NAME Katherine Manion

(a) Residence, No. 4028 N. Market St. Ward. 11 (If nonresident, give city or town and State)
(Usual place of abode)

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: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Michael Manion

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 12-1879

7. AGE: YEARS 56 | MONTHS 10 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Ireland

FATHER

13. NAME: Jeremiah Mee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Sarah Manion 4028 N Market

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Mar 3d 1936

19. UNDERTAKER (ADDRESS): Chas. F. Stuart 1225 Union Blvd.

20. FILED: MAR 2 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936 to Feb 29, 1936

I last saw her alive on Feb, 19..... Death is said to have occurred on the date stated above, at 7 P.M.

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

CHRONIC MYOCARDITIS

Date of onset: 4/1/38 1935

Other contributory causes of importance: 93C

Name of operation ..... Date of .....

What test confirmed diagnosis? Bly Ex. 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 ....., 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) Francis J MEDLER M. D.

(Address) 4114 W. FLORISSANT