Bn 5172

170 DEC 4 1936

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

Do not use this space.

439987

1. PLACE OF DEATH

County [illegible] Registration District No. 1170 File No.

Township Primary Registration District No. 6248-H Registered No. 396256

City St. Louis (No. St. Mary's Hosp St. Ward)

2. FULL NAME Robert Manley

(a) Residence, No. 3715 Olive St. St., Ward. (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: M

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-12-36

7. AGE — YEARS: — MONTHS: 3 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME C.O.Manley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson, Tennessee

MOTHER

15. MAIDEN NAME Evelyn R. Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville, Iowa

17. INFORMANT (ADDRESS) C.O.Manley 3715 Olive St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem DATE 10-23-36 19

19. UNDERTAKER (ADDRESS) Sullivan Bros. 2849 N. Euclid Ave

20. FILED 19 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/20/36, 19, to 10/22/36, 19

I last saw him alive on 10/21/36, 19 Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Hilar Pneumonia (Lobar)	10/20/36
Marasmus	??

108

Other contributory causes of importance:

Mongolism Hereditary

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, 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) Walter H. Hoefer M.D., M. D.

(Address) 1700 Town Grove

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.

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