

SEP 10 1937

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

29557  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. **791**  
(b) Township 1 Primary Registration District No. **1003**  
(c) City St. Louis, Mo. (d) Street No. 5609 St. Louis, Mo. Registered No. **8190**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Timothy J. Manion

(a) Residence, No. 5609 St. Louis, Mo. St. 6  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED (write the name of HUSBAND OF OR) WIFE OF Mary Ann Durvah Manion

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt 76

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman  
9. Industry or business in which work was done, as saw mill, bank, etc. retired type.  
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

13. NAME Frank Manion

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. Francis Manion  
(ADDRESS) 4470 E. Bincher Blvd.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Galvary DATE 9-1-1937

19. FUNERAL DIRECTOR Stroot Carroll Undertaking Co  
(ADDRESS) 4600 Natural Bridge Ave.

20. FILED J. Brudeck  
Local Registrar.

AUG 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1937 to Aug 30, 1937  
I last saw him alive on Aug 30, 1937. Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of neck  
arteriosclerosis

Date of onset  
8-26-36  
8-26-34

Other contributory causes of importance:  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis clinical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. Emmett Burns, M. D.  
(Address) 3862 N. Grand

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.

X12004

STATEMENT BY LICENSED EMBALMER

I, Frank H. Street, Licensed Embalmer No. 22315

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... I. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Frank H. Street  
Licensed Embalmer No. 22315

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**