

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

39635
Do not use this space.

DEC 13 1937

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1008 1

10622

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 2414 So. 3rd. St. _____
(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 Edward Manley

(a) Residence, No. 2414 So. 3rd. St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 HUSBAND OF (OR) WIFE OF Myrtle Manley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 72 11 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as 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) Jefferson Barracks Missouri

13. NAME Edward Manley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Myrtle Manley
(ADDRESS) 2414 So. 3rd. Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus, Missouri DATE Nov. 17, 1937

19. FUNERAL DIRECTOR (ADDRESS) Wreck Bros. 2201 So. Grand Blvd.

20. FILED NOV 16 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1937 to Nov. 14, 1937

I last saw him alive on Nov. 13th, 1937 Death is said to have occurred on the date stated above, at 6:00A.

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

Chronic Parenchymatous Nephritis. Date of onset Unknown

Other contributory causes of importance: Chronic Myocarditis. Unknown

Name of operation..... Date of.....
What test confirmed diagnosis? Usual 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? NO
If so, specify.....
(Signed) Wm. R. Gumbert, M. D.

(Address) 2227 South Broadway.

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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STATEMENT BY LICENSED EMBALMER

I, George C. Weick Licensed Embalmer No. 2268

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

L. E.

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

Signed George C. Weick
Licensed Embalmer No. 2268

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.)