

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.

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791  
1003

9095  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City St. Louis (d) Street No. City Hospital St. 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

Barney Mannion 550

(a) Residence, No. 3630 Mc. Donald Ave. St. 16  
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 5 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith  
 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) St. Louis, Mo.

FATHER 13. NAME Michael Manion

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

MOTHER 15. MAIDEN NAME Bridget O'Connor

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

17. INFORMANT Sallie Manion  
 (ADDRESS) 3630 Mc. Donald Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE Mar. 22- 19 38

19. FUNERAL DIRECTOR Wacker-Helderle  
 (ADDRESS) 2331 S. Broadway

20. FILE MAR 21 1938

J. H. Bredeck  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 19th. 19 38

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, 9.30 A.M.

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

Arteriosclerosis; Broncho Pneumonia; Compound Fracture of Nose; Contusion and lacerations of scalp/ suffered when he fell down eight concrete st. steps at his home 3630 McDonald Ave.

Other contributory causes of importance: 1  
on March 16, 1938, at about 3:00 P.M.

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 3/16, 1938  
 Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury See Above  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify .....  
 (Signed) Alfred J. Perry M.D.  
 (Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland

Licensed Embalmer No. 2675

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Frank J. Hyland

Licensed Embalmer No. 2675

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.)