

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

16338
 Do not use this space.

REC'D JUN 9 1938

891
 1003

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **4199**
 (c) City St. Louis (d) Street No. Alaxian Bron. Hospital 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

William McManus
 (Usual place of abode, if no street address, write county or city) St. 1 (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 HUSBAND OF (OR) WIFE OF Sarah McManus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 5 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boiler-maker
 9. Industry or business in which work was done, as saw mill, bank, etc. Rohan Co.
 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) Waterloo Illinois

13. NAME John McManus

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Sarah McManus - Widow
 (ADDRESS) 8413 Reilly, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cem. DATE May 9, 1938

19. FUNERAL DIRECTOR C. Hoffmeister
 (ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILED MAY - 7 1938 J. D. Bredech Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to May 6, 1938
 I last saw h. alive on May 5, 1938 Death is said to have occurred on the date stated above, at 11: a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
with metastases
to liver etc.
 Date of onset 1938
 Other contributory causes of importance: chronic myocarditis

Name of operation clinical Date of
 What test confirmed diagnosis 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. George A. Sullivan, M. D.
 (Signed) George A. Sullivan
 (Address) 1421 W. Schermer

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.

O'Sullivan
Krimer

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister

L. E. #3871

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2426

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.)