

DEC 12 1938

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

30743
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. **791**
 (b) Township / Primary Registration District No. **1003**
 (c) City **St. Louis,** (d) Street No. **Firmin Desloge Hospital** Registered No. **8180**
 (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

Louis J. Manar **560**
 (a) Residence, No. **2034 Sidney St.** St. **23**
 (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 **Whitr** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 13, 1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 2 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**
 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) **Feb - 1938** 11. Total time (years) spent in this occupation **20 years**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER 13. NAME **Louis Manar**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wisconsin**

MOTHER 15. MAIDEN NAME **Don't Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

17. INFORMANT (ADDRESS) **Mrs Emil Jones, 2034 Sidney St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter - Paul** DATE **Sept, 15, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **J. H. Gebbert & Co. 2630 Gravois Ave.**

20. FILED **SEP 16 1938** **J. P. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 15** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **March 24, 1938, to Sept 15, 1938**

I last saw him alive on **9/14/38**, 19 **38**. Death is said to have occurred on the date stated above, at **8 A. m.**

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

Carcinoma of stomach Date of onset **Uncertain**

Other contributory causes of importance: **None**

Name of operation **Electro cauterization** Date of **8/20/38**
 What test confirmed diagnosis? **X-Ray - positive** Was there an autopsy? **Yes**

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) **J. P. Brown**, M. D.
 (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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 Herman A. Gebken

Licensed Embalmer No. 2120

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.)