

REC'D MAY 10 1939

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

13607
Do not use this space.

3949

791
1003

1. PLACE OF DEATH

(a) County 3 Registration District No. 3
(b) Township St. Louis Primary Registration District No. 1 Registered No. 3949
(c) or City St. Louis (d) Street No. En Route City Hospital No. 1 St. 1
(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 Amos Maness

(a) Residence, No. 1402 So. Vandeventer Ave. St. 18 (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 Jessie Maness
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 7 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Metal worker
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) DeSoto (STATE OR COUNTRY) Mo.

FATHER 13. NAME Pleasant Maness

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

MOTHER 15. MAIDEN NAME May Pettijohn

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

17. INFORMANT Mrs. Jessie Maness (ADDRESS) 1402 So. Vandeventer

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cem. DATE 4-29, 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuarie (ADDRESS) 4228 S. Kingshighway

20. FILED APR 28 1939 J. B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 1939

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:45 A.M.

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

Aortic Stenosis with eccentric Cardiac Hypertrophy; Contrib: Chronic Diffuse Nephritis.

Date of onset

Other contributory causes of importance: 121

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? _____ 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 see above.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Reg. McQuinn

(Address) Deputy Coroner

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edwin M. Permutt

Licensed Embalmer No..... *3024*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.