

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

U.S. 1-1931

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.

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH: 3  
 (a) County St. Louis  
 (b) City or town Manchester  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Manchester Nursing Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Harry M. Manheimer 556  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lillie Manheimer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 9, 1870  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	9	12	hr. min.

9. Birthplace St. Louis, Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Printer 0

11. Industry or business Printing 6

12. Name Joel Manheimer  
 18. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Rosalie Maas  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. J. Eskeler  
 (b) Address 7532 York Drive, Clayton, Mo

17. (a) Burial (b) Date thereof July 23, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. SINAI CEMETERY

18. (a) Signature of funeral director German Rindkapf  
 (b) Address 5216 Delmar

19. (a) JUL 23 1939 (Date received local registrar) D. R. King (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis 1  
 (c) City or town Manchester  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Manchester Nursing Home  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 21<sup>st</sup>  
 year 1939 hour 1:30 minute P. M.  
 21. I hereby certify that I attended the deceased from Jan 37 to 7/21, 1939  
 and that death occurred on the date and hour stated above.

that I last saw him alive on July 19, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Endocarditis many  
myocarditis 4 years

Due to Cerebral thrombosis  
292

Other conditions 92 a  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_

28. Signature D. R. King (M. D. or other)  
 Address 2301 S. Kingshighway Date signed 7/23/39

Duration  
 Underline the cause to which death should be charged statistically.

**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 me

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

Signed.....

Chas W. Coats

Licensed Embalmer No. 3830

P. O. Address..... 5216 Delma

**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.**