

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40753

REC'D DEC 9 1939
Registration District No. 104

Primary Registration District No. 101

Registrar's No. 1953

1. PLACE OF DEATH: St. Louis
 (a) County Clayton
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days
 (Specify whether years, months or days)
 In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Lemay
 (If outside city or town limits, write "RURAL")
 (d) Street No. 205 W. Arlee
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

8. (a) PRINT FULL NAME Marylyn Manley 540
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 6
 year 1939 hour 6 minute :00 P.M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 16 1925
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/23/39, 19____, to 11-6-39, 19____; that I last saw her alive on 11-6-39, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 14 Months 3 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death acute Charac Duration 5 wks
i exhaustion and
bronchial pneumonia

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

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation student

11. Industry or business _____

Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 { 12. Name Virgil Manley
 { 13. Birthplace Sulphur Springs Mo.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Rosetta Greenwald
 { 15. Birthplace ? Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Virgil Manley
 (b) Address 205 W. Arlee

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?

17. (a) Burial (b) Date thereof Nov 7 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director C. Hoffmann
 (b) Address 1111 R. 1st St.

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

19. (a) NOV 7 1939 (b) W. R. Muesel
 (Date received local registrar) (Registrar's signature)

23. Signature A. J. Ryward (M. D. or other) _____
 Address Co. Mo. Date signed _____

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

Edmond H. Lubinger

Licensed Embalmer No. _____

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.