

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.

REG'D DEC 9 1965  
Registration District No. 200

Primary Registration District No. 200

Registrar's No. 1965

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Normandy 5  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Immaculate Heart Home Home for the Aged  
(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

8. (a) PRINT FULL NAME Ellen McManus 255  
8. (b) If veteran, name war None  
3. (c) Social Security None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Bernard McManus  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dont Know  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Abt. 84 hr. min.

9. Birthplace Saint Louis Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation None 5

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Ryan 5

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Ahearn

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ellen Ahearn  
(b) Address 4569 Alcott Ave

17. (a) Burial (b) Date thereof Nov. 11 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos J. Ryan  
(b) Address 1519 South Grand Blvd.

19. (a) NOV 9 1939 (b) A R Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Normandy  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7626 Natural Bridge Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 8  
year 1939 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Sept 28, 1939 to Nov. 8, 1939  
that I last saw her alive on Nov. 8, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Cardio-Vascular-Renal disease.  
Senile type  
Chr. Arteriosclerosis.  
Chr. Hypertension.  
Senile dementia.  
See reverse side.

Duration
?
?
?
?
?

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 171  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

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) (e) Means of injury --

23. Signature [Signature] (M. D. or other) M. D.  
Address 3718 Jennings Rd Date signed 11/9/39

Secondary:

Cerebral apoplexy left side with  
complete hemiplegia right side.

Duration

4 hours.

Lived about four hours after stroke.  
Died at the Immaculate Heart Home,  
7626 Natural Bridge Road, St. Louis  
County, Mo., for the aged.

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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

*Thomas J. Finnan*

Licensed Embalmer No. 1187

P. O. Address 1519 S. Grand

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.