

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3130

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital # 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 10
(If outside city or town limit, write "RURAL")
(d) Street No. 4482 Sanfrancisco Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John A. Manion 550
3. (b) If veteran, name war _____
3. (c) Social Security No. 343-10-0405

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4
year 1940 hour 7 minute 45a M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ANNA B. MANION 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 19 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
to _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death Fracture of Skull, Duration
suffered when deceased fell down the
steps leading to basement of Hotel at
3441 No. Union Blvd., about 2:00
A.M., April 2nd, 1940.

8. AGE: Years Months Days If less than one day
69 9 15 hr. 1 min.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Penn
(City, town, or county) (State or foreign country)
10. Usual occupation Foreman
11. Industry or business Ameriaan Car & Fdy Co
12. Name Thomas Manion
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name (unk) ODay
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

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

16. (a) Informant Rev. John Manion
(b) Address 2903 Locust St

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 2nd, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

17. (a) Burial (b) Date thereof 4/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

While at work _____
23. Signature Alfred G. Perry (M. D. or other) 5
Address _____ Date signed 4-8-40

19. (a) APR 5 1940 (b) John A. Manion
(Date received local registrar) (Signature)

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

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 Sheldon Collins

Licensed Embalmer No. 3382

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.